

Mass Murder

By Sovereign State Sanctioned Syringe Needle!
Part 77

Novavax vaccine contains 1 mcg of insect (the fall armyworm) and baculovirus proteins and a bit of their DNA too, which is injected into you with each dose

And that's before we consider the Matrix-M novel adjuvant it contains

By Dr. Meryl Nass

You see, the vaccine's spike protein is grown by genetically engineering baculoviruses to produce spike, and then infecting insect cells with the baculovirus to turn the whole thing into a spike protein factory.

At the CDC's Advisory Committee on Immunization Practices meeting that I [live-blogged](#) last week, it was revealed that the Novavax vaccine was being rolled out because it could be marketed as a "more traditional" vaccine, since it was not made from mRNA. Novavax was to be directed to the unvaccinated, although only 10% of the unvaccinated, it was anticipated, would accept it. The fact that no fetal cells were used in its development was claimed to be a marketing plus.

But NOTHING about this vaccine is traditional.

First, the Novavax company does not own a manufacturing plant, so the vaccine being distributed in the US is made at the Serum Institute of India.

Second, the adjuvant, *Matrix-M* (a nonspecific, potent immune stimulant) has never been used before. It is made from the *Quillaja saponaria* tree. There is another adjuvant that is only used in one (highly reactogenic) US vaccine, Shingrix, which is an extract from this tree. This GSK adjuvant, named AS01B, contains QS-21, a single extract in the Shingrix vaccine.

The problem is that we don't know what extracts from the tree are included in *Matrix-M*. The information is proprietary! The *Matrix-M* adjuvant uses two unspecified "fractions" from the *Q. saponaria* tree, and there exist no data on its safety. (*Matrix-M* does not contain QS-21, although the company sometimes implies it does, to distract from its novelty.). These two fractions, combined with phospholipids and cholesterol, form the 40 nanometer particles of Matrix M.

While the tree extracts are potent immune stimulants, [all those characterized also have significant toxicity](#).

Third, in addition to getting 5 mcg of spike protein in every dose, you will receive 1 mcg of residual amounts of baculovirus and Sf9 cell proteins (≤ 0.96 mcg), and baculovirus and cellular [insect] DNA (≤ 0.00016 mcg), according to the [FDA](#).

So, you are getting an additional 20% protein of insect and baculovirus origin in addition to the 5 mcg of spike protein. In each of your first two doses, at least 3 weeks apart.

The fall armyworm

In other words, the Novavax vaccine is not sufficiently purified. And no one can tell you how the insect and viral protein and DNA contaminants will affect you.

Anyone who tells you that the Novavax vaccine is a traditional protein vaccine is a scoundrel. This vaccine is another "bait and switch" being rolled out solely to entice the unvaccinated, because it is not made of mRNA.

* But it still gives you a big dose of the spike poison.

There is a single other vaccine in the US that uses the fall armyworm-baculovirus platform to produce viral proteins. It is one of about a dozen available flu shots, whose brand name is Flublok. [It too contains worm and viral DNA and protein.](#) See item 11 in its [label](#).

Fourth, the regulators admit they have no idea if the vaccine works nor how dangerous it is. See below, which is a screenshot I took from the [ACIP advisory committee meeting on Novavax](#).

It makes clear that the regulators don't know how much myocarditis the Novavax causes, nor whether it works against current variants.

But they still want you injected. See the last line: it will be important to figure out if it works or is safe after authorization. Your tax dollars at work. But the vaccine is "free."

Will you be fooled again?

They're Bringing Covid Back... And This Time Its Permanent Covid is back in every headline. As the new normal crowd gets desperate to scare people into accepting the Great Reset they're going back to their old favorite to get us used to the forever pandemic. The UK's "Covid cases" are (apparently) up to 3.8 million, according to the Office of National Statistics. It's reportedly just as bad in the EU, where "cases" (allegedly) tripled in six weeks. Things are looking pretty grim across the pond too, with "cases" "surging" all across the US. It's no better on the other side of the (supposed) ideological divide. Russia, China and India - despite being brave multipolar warriors locked in a 5D chess struggle

against the machinations of the globalist elite - have all seen "cases" of the "new variant" as well.

The tipping point on vaccines and covid policy approaches more evidence that the tune is changing

First a trickle, then a flood. the focus of mainstream news on covid is shifting noticeably. it's becoming OK to call BS. and the jerseys are changing at speed. tucker is out telling the "the vaxxed are seeing more overall deaths and worse medical outcomes overall/immune suppression/destruction" story that has been in top medical journals for months if you knew where to look. this will not be new news to readers possessed of discerning attitudes, but this is a bombshell to much of America. Guys like tucker are not around for the early innings of games like these. they jump in when the game looks like it can be a rout. this is triple true of vaccines and vaccine efficacy because it is a massive political third rail and "antivaxxer" has been such an effective ad hominem epithet to link one to loads of poorly calibrated claims irrelevant to the current debate. it has kept many away from this issue as one risks being sidelined by the howlers for addressing it.

by el gato malo <https://boriquagato.substack.com/p/the-tipping-point-on-vaccines-and>

Why Three COVID Jabs Are Worse Than Two

Published on July 24, 2022

Written by Mercola.com



Big Pharma claims the shots and boosters are supposed to reduce infections, but the latest data from both Pfizer and Moderna show a whole different story. See what's happening now in some of the most highly vaccinated countries.

STORY AT-A-GLANCE

- **COVID-19 is more than twice as prevalent among the boosted, compared to those who quit after the initial series. Those with a primary series plus one or two booster shots are catching the infection at a rate of 119.94 per 100,000, while those with the primary series only have an infection rate of 56.44 per 100,000**
- **Pfizer's pediatric trial reveals the shots raise, rather than lower, the risk of reinfection (meaning catching COVID more than once). In all, 12 of the children in Pfizer's trial were diagnosed with COVID twice within the follow-up period (one to four months). Of those, 11 had received two or three jabs; only one unvaccinated child got COVID twice**
- **Data from Moderna's trial also suggest the shot makes adults more prone to repeat COVID infections, thanks to an inhibited antibody response**
- **In Pfizer's pediatric trial, six of the children, aged 2 to 4 years, in the vaccinated group were diagnosed with "severe COVID," compared to just one in the placebo group. So, the shot may actually cause more severe infection in young children**
- **In mid-June 2022, Israel experienced a sudden 70% spike in seriously ill COVID patients. The spike is being blamed on a new variant mutated from Omicron, referred to as BA.5., which is thought to be more resistant to vaccines than previous strains**

Believe it or not, we're now at the point where even mainstream media are reporting that COVID-19 is more prevalent among the boosted, compared to those who quit after the initial series. That doesn't mean that sanity is returning; it's just interesting that they're not able to ignore it completely, even though their efforts to rationalize it teeter on the verge of lunacy. June 6, 2022, CBS News reported:¹

"As COVID-19 cases began to accelerate again this spring, federal data suggests the rate of breakthrough COVID infections in April was worse in boosted Americans compared to unboosted Americans ...

Meanwhile, federal officials are also preparing for key decisions on future COVID-19 vaccine shots ... In the short term, CDC Director Dr. Rochelle Walensky recently told reporters that her agency was in talks with the Food and Drug Administration about extending the option for second boosters to more adults."

If Walensky's logic makes your brain feel like it's been beat with a meat mallet, you're not alone. It's so beyond irrational as to be inexplicable. If boosters make you more prone to infection, is giving boosters to more people really the prudent answer?

Three Doses Makes You More Infection-Prone Than Two

Overall, data from the Centers for Disease Control and Prevention's new COVID dashboard² show boosted Americans are catching COVID at nearly twice the rate of the unboosted a statistic John Moore, professor of microbiology and immunology at Weill Cornell Medical College, attributes to the boosted feeling *"more protected than they actually are,"* and therefore taking fewer precautions.³ Considering we know that masks, social distancing and lockdowns don't work to prevent infection spread, Moore's explanation is flimsy at best.

It's far more reasonable to conclude that the COVID injections are the problem.

According to the CDC, the unvaccinated still account for a majority of positive COVID tests, at a rate of 188.2 per 100,000 as of April 23, 2022.

Those with a primary series plus one or two booster shots are catching the infection at a rate of 119.94 per 100,000, while those with the primary series clock in at a rate of 56.44 per 100,000.

*Of course, CBS is careful to note that "The new data do not mean booster shots are somehow increasing the risk" of COVID, but rather that "the shift underscores the growing complexity of measuring vaccine effectiveness at this stage of the pandemic."*⁴

CBS also misleadingly claims that while the boosted have more than double the rate of infections of the unboosted, it's still "but a fraction of the levels among unvaccinated Americans."

However, 120 (rounded up from 119.94) is hardly "but a fraction" of 188. At 64% of the unvaccinated rate, using the term "a fraction of" seems like an intentional attempt to downplay just how common COVID is getting among the boosted.


COVID Jab Also Causes Repeat Reinfections

In related news, Pfizer's pediatric trial reveals the shots raise rather than lower the risk of reinfection (meaning catching COVID more than once).

In his Substack article,⁵ "Finally Proven: Pfizer Vaccine Causes COVID Reinfection, Disables Natural Immunity," Igor Chudov — a businessman and mathematician⁶/points to the black-and-white data on page 38 of the documentation⁷ submitted to the FDA for its COVID jab Emergency Use Authorization request for use in children 6 months through 4 years of age. Here's a screen shot with Chudov's markings and notes:

Multiple cases of confirmed COVID-19

Six participants 6-23 months of age (3 BNT162b2 recipients and 3 placebo recipients) developed more than one virologically and clinically confirmed episodes of symptomatic COVID-19 disease. All BNT162b2 recipients received 3 doses of assigned study intervention, 1 placebo recipient received 2 doses of placebo only, and 2 original placebo recipients received 2 doses of placebo followed by 3 doses of open-label BNT162b2. The interval between the episodes ranged from 1-4 months, with shorter intervals if the first episode occurred in January 2022 or later (during Omicron circulation). All participants with multiple episodes were negative at baseline for prior SARS-CoV-2 infection. Coinfections with other respiratory viruses were present in 1 BNT162b2 recipient (enterovirus) and 3 placebo recipients (adenovirus, enterovirus, endemic coronavirus, RSV).



These two got vaccine also and THEN reinfected

Six participants 2-4 years of age (5 BNT162b2 recipients and 1 placebo recipient) developed more than one virologically and clinically confirmed episode of symptomatic COVID-19 disease. All of these participants received 3 doses of assigned study intervention, except for one participant in the BNT162b2 group who received 2 doses of BNT162b2. The interval between the episodes ranged from 1-4 months, with shorter intervals if the first episode occurred in January 2022 or later (during Omicron circulation). All participants with multiple episodes were negative at baseline for prior SARS-CoV-2 infection.

All reinfected were vaxxed

In all, 12 of the children in Pfizer's trial were diagnosed with COVID twice within the follow-up period, which ranged from one to four months. Of those, 11 had received two or three jabs; only one child in the placebo (unvaccinated) group got COVID twice.

"So, what caused vaccinated children to develop a disproportionate amount of repeat infections? The vaccine, of course. It's a randomized controlled trial, after all," Chudov writes.⁸

"Thanks to Pfizer, we finally know that COVID reinfections are real and that their vaccine causes them by disabling natural immunity. A little caveat is that Pfizer made the trial purposely complicated (because it is a resuscitated FAILED trial where they added one more booster dose and more kids).

Pfizer vaccinated the control group. This complication somewhat affects the 6-23-month age category, but still shows obvious vaccine failure. The 2-4-year-old group is much less complicated: all reinfections happened in the vaccinated participants, five of six were from the first-vaccinated group.

'All of these participants received 3 doses of assigned study intervention, except for one participant ... who received two doses.' We have a smoking gun that reinfections are vaccine driven."

This post-jab reinfection anomaly has also been stressed by Dr. Clare Craig, a diagnostic pathologist,⁹ who reviewed some of the most damning data from Pfizer's pediatric trial in a recent video (below).

Moderna Data Also Show Repeated Infections Are Likely

Data from Moderna's trial also suggest the shot makes adults more prone to repeat infections, thanks to an inhibited antibody response. A preprint study^{10,11} posted on medRxiv April 19, 2022, found adult participants in Moderna's trial who got the real injection, and later got a breakthrough infection, did not generate antibodies against the nucleocapsid — a key component of the virus — as frequently as did those in the placebo arm.

Placebo recipients produced anti-nucleocapsid antibodies twice as often as those who got the Moderna shot, and their anti-nucleocapsid response was larger regardless of the viral load. As a result of their inhibited antibody response, those who got the jab may be more prone to repeated COVID infections.

These findings are further corroborated by data from the U.K. Health Security Agency. It publishes weekly COVID-19 vaccine surveillance data, including anti-nucleocapsid antibody levels. The report^{12,13} for Week 13, issued March 31, 2022, shows that COVID-jabbed individuals with breakthrough infections indeed have lower levels of these antibodies.

Pfizer's Data Do Not Support Use In Children

Another crucial piece of information that Craig highlights in her video is that of the 4,526 children enrolled in the trial, a whopping 3,000 dropped out. Pfizer does not explain this highly suspicious anomaly. Oftentimes, trial participants will drop out when side effects are too severe for them to continue.

Drug companies will also sometimes exclude participants who develop side effects they'd rather not divulge. This is one of those nasty loopholes that can skew results. Here, we don't know why two-thirds of the participants were eliminated, and "on that basis alone, this trial should be deemed null and void," Craig says. Pfizer's pediatric trial data also show that:

- Six of the children, aged 2 to 4 years, in the vaccinated group were diagnosed with "severe COVID," compared to just one in the placebo group. So, the likelihood the shot is causing severe COVID is higher than the likelihood that it's preventing it.
- The only child who required hospitalization for COVID was also in the "vaccinated" group.
- In the three weeks following the first dose, 34 of the children in the vaccinated group and 13 of the unvaccinated children were diagnosed with COVID. That means the children's risk of developing symptoms of COVID within the first three weeks of the first dose actually increased by 30%. These data were ignored.

Between doses two and three, there was an eight-week gap, and the vaccinated arm again experienced higher rates of COVID. This too was ignored. After the

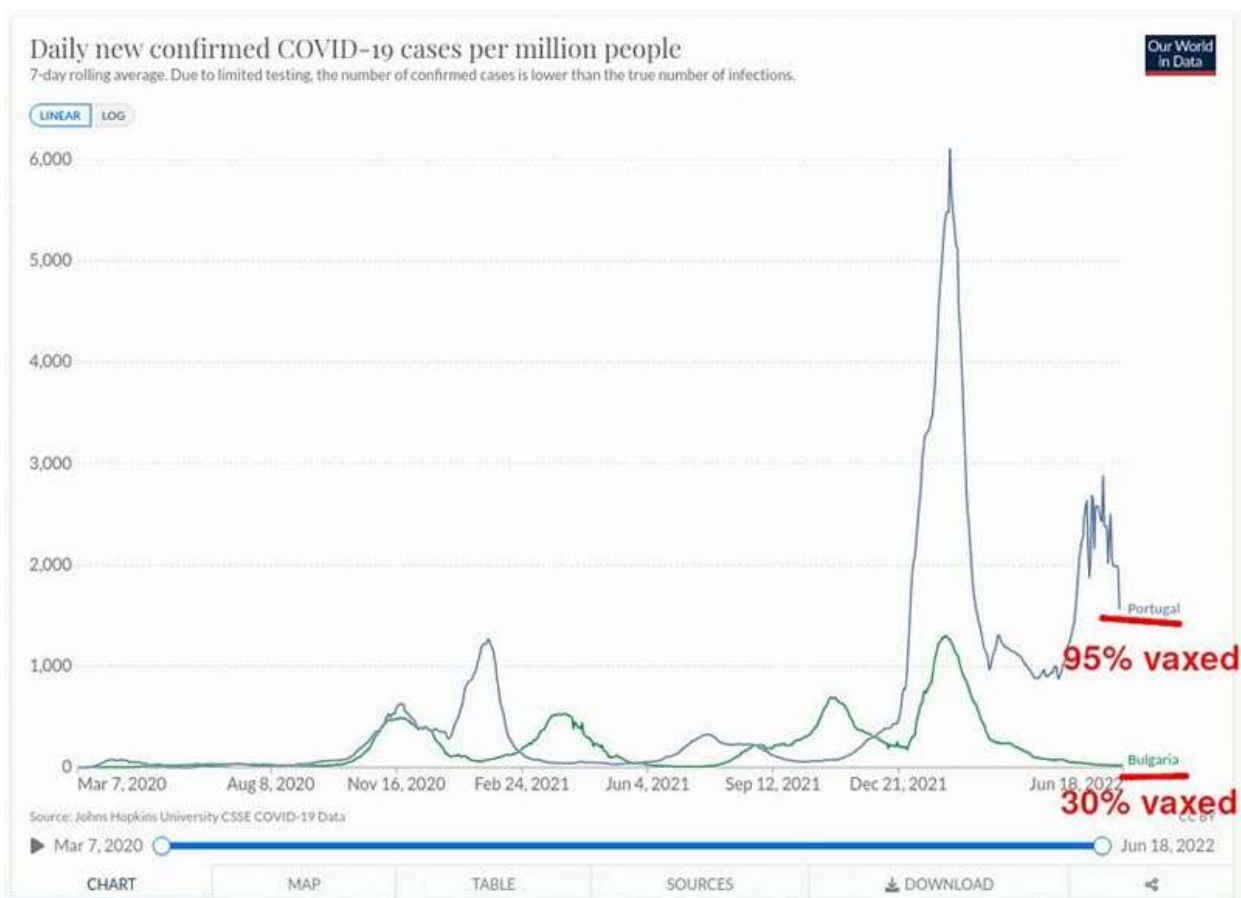
third dose, incidence of COVID was again raised in the vaccine group, and this was ignored as well.

In the end, they only counted three cases of COVID in the vaccine arm and seven cases in the placebo group. They literally ignored 97% of all the COVID cases that occurred during the trial to conclude that the shots were “effective” in preventing COVID.

More Evidence Of Vaccine Failure

There’s really no shortage of evidence indicating the COVID shots are a complete failure and should be stopped immediately. One example I haven’t reviewed in previous articles is the difference between Portugal and Bulgaria.

In his article, Chudov¹⁴ presents the following graph from Our World in Data, which shows the rate of new COVID cases in these two countries. The vaccination rate in Portugal is 95%, whereas Bulgaria’s is 30%. Guess which country has the higher COVID case rate? The graph speaks for itself.



In mid-June 2022, The Times of Israel also reported¹⁵ a sudden 70% spike in seriously ill COVID patients from one week to the next. According to Reuters’ COVID data tracker,¹⁶ Israel has administered enough doses to vaccinate 100.4%

of its population with two doses, so it has one of the highest vaccine uptake rates in the world.

Despite a significant increase in antibodies after the fourth vaccine, this protection is only partially effective against the Omicron strain, which is relatively resistant to the vaccine. ~ Professor Gili Regev-Yochay

In mid-January 2022, Israel reported¹⁷ a fourth dose (second booster) was “only partially effective” against Omicron. Lead researcher, professor Gili Regev-Yochay, told reporters, *“Despite a significant increase in antibodies after the fourth vaccine, this protection is only partially effective against the Omicron strain, which is relatively resistant to the vaccine.”*

The latest spikes in both Israel and Portugal are being blamed on a new variant mutated from Omicron, referred to as BA.5.¹⁸ According to The Times of Israel,¹⁹ coronavirus czar Dr. Salman Zarka said “the new variant BA.5 is quickly gaining traction and is more resistant to vaccines than previous strains.” So, what’s Israel’s answer? More shots to encourage “herd immunity” and more mask wearing.

Natural Immunity Versus The COVID Jab

An analysis of the Omicron wave in Qatar is also illustrative of [vaccine failure](#). June 21, 2022, The Epoch Times reported²⁰ on the study,²¹ published the week before in the New England Journal of Medicine. In summary:

- People with previous infection (natural immunity) and no COVID jab had 50.2% immunity against symptomatic BA.1 infection (a subvariant of Omicron) for at least 324 days. Against the BA.2 variant, natural immunity was 46.1%
- People with no previous infection (no natural immunity) who got two doses of the Pfizer shot had immunity against BA.1 infection ranging from -16.4% on the low end to 5.4% on the high end on day 268 after the last dose. The average was -4.9%. Against the BA.2 variant, immunity was -1.1% on average. Most entered the negative ranges around the six-month mark
- The effectiveness of three doses and no previous infection against BA.1 was 59.6%, which persisted for at least 42 days (the extent of the follow-up). Against BA.2, immunity topped out at 52.2%

Though the authors’ conclusion was that there were *“No discernable differences in protection”* between vaccination and natural immunity, ask yourself which you would rather have: 50% immunity for at least 10 months, or 50% immunity for about six months followed by an increased risk of infection (negative protection) thereafter?

Clearly, if your goal is to avoid infection, you would avoid anything that will — immediately or in the future — raise your risk. Yet, in the upside-down world we now find us in, the answer continues to be: “*Get another shot.*”

As discussed in “[FDA and Pfizer Knew COVID Shot Caused Immunosuppression](#),” Pfizer’s trial data also reveal they’ve not ruled out the risk of antibody-dependent enhancement, and vaccine-associated enhanced disease (VAED) is listed²² as an “*Important Potential Risk.*” (ADE and VAED are two terms that basically refer to the same thing — worsened disease post-injection.)

So, not only are you at increased risk of COVID infection, and repeated reinfections, if you get the jab — especially if you get boosted — but you may also experience more severe illness, which is the opposite of what anyone would want. U.K. government data show that, compared to the unvaccinated, those who have received two doses are:²³

- Up to three times more likely to be diagnosed with COVID-19
- Twice more likely to be hospitalized with COVID-19
- Three times more likely to die of COVID-19

Final Thoughts

In closing, it’s clear there are no long-term benefits to the COVID jabs, only risk. How much more data do we need before our health agencies snap to and start protecting public health?

I don’t have an answer to that question, seeing how nothing works the way it’s supposed to anymore. Our health agencies have been captured by the drug industry and have basically gone rogue. They ignore even the most basic rules and ethics nowadays.

Something will clearly need to be done about that, but until then, the best advice I have is to take control of your own health and make decisions based on actual data rather than corporate press releases.

If you’ve already taken one or more COVID jabs and now regret it, first, the most important step you can take is to not take any more shots. Next, if you suspect your health may have been impacted, check out the Frontline COVID-19 Critical Care Alliance’s (FLCCC) post-vaccine treatment protocol, I-RECOVER,²⁴ which you can [download from covid19criticalcare.com](https://covid19criticalcare.com) in several different languages.

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Dr. Birx Admits She Knew the Dangerous mRNA Vaccines Would Not Work – Half of the People Who Died Were Vaccinated

[July 24, 2022 Fox News and Gateway Pundit](#)



Dr. Deborah Birx justified one lie with another lie on top of the first lie! How can anyone trust these corrupt public health bureaucrat voices?

Former White House COVID response coordinator **Dr. Deborah** said that she **“knew”** that **COVID-19 vaccines “were not going to protect against infection”** yet **she pushed them anyway**. She said, **“But let’s be very clear: 50% of the people who died from the Omicron surge were older, vaccinated.”** Birx, along with Dr. Fauci, are responsible for pushing completely fraudulent models to persuade President Trump to shut down the economy. Dr. Fauci and Dr. Birx pushed a garbage model from the Imperial College that predicted that 2.2 million Americans would die from COVID on the White House and the American public and destroyed the US economy.



Link for video: <https://www.bitchute.com/video/5ITXf2JGAXr3/>

Former White House COVID response coordinator Dr. Deborah Birx told Neil Cavuto on Friday that she “knew” that COVID-19 vaccines “were not going to protect against infection” yet she pushed them anyway.

Via **FOX News**:

Dr. Deborah Birx: “I knew these vaccines were not going to protect against infection. And I think we overplayed the vaccines, and it made people then worry that it’s not going to protect against severe disease and hospitalization. It will. But let’s be very clear: 50% of the people who died from the Omicron surge were older, vaccinated. So that’s why I’m saying even if you’re vaccinated and boosted, if you’re unvaccinated right now, the key is testing and Paxlovid. It’s effective. It’s a great antiviral. And really, that is what’s going to save your lives

right now if you're over 70, which if you look at the hospitalizations, hospitalizations are rising steadily with new admissions, particularly in those over 70."

This comes after Dr. Birx admitted that she knowingly lied to the President of the United States into locking down the US economy and forcing millions of Americans to lose their jobs.

Pfizer mRNA Vaccine Goes into Liver and Changes into DNA, Swedish Study Finds

July 24, 2022 Thema News

A new Swedish study published in MDPI found that the Pfizer vaccine goes into liver cells and converts to DNA, challenging claims so far that the mRNA COVID-19 vaccines do not change or interact with your DNA in any way. **The experiment was conducted is the first to show that an mRNA vaccine is converted into DNA on a human liver cell line in and the process usually takes about six hours. It's precisely what health experts and fact-checkers said for more than a year could not occur.** The CDC assured Americans that the mRNA and the spike protein it produces in COVID-19 vaccines to create an immune response *"don't last long in the body."*

A new Swedish study published in [MDPI](#) found that the Pfizer vaccine goes into liver cells and converts to DNA, challenging claims so far that the mRNA COVID-19 vaccines do not change or interact with your DNA in any way.

It's the first time that researchers have shown in vitro – or inside a petri dish – how an mRNA vaccine is converted into DNA on a human liver cell line, the Epoch Times reported.

It's precisely what health experts and fact-checkers said for more than a year could not occur.

Dr. Peter McCullough, an internist, cardiologist and epidemiologist who is one of the leading critics of the COVID vaccines, said the findings have "enormous implications of permanent chromosomal change" that could drive a "whole new genre of chronic disease."

The CDC assures Americans that the mRNA and the spike protein it produces in COVID-19 vaccines to create an immune response *"don't last long in the body."* On its website, the agency states: *"Our cells break down mRNA and get rid of it within a few days after vaccination. Scientists estimate that the spike protein, like other proteins our bodies create, may stay in the body up to a few weeks."*

The CDC lies and is corrupt from top to bottom!

Further, the CDC says on a web page titled *“Myths and Facts about COVID-19 Vaccines”* that the *“genetic material delivered by mRNA vaccines never enters the nucleus of your cells.”*

However, the researchers at Lund University in Malmö, Sweden, found that the mRNA vaccine enters human liver cells and triggers the cell’s DNA in the nucleus to increase the production of the LINE-1 gene expression to make mRNA.

Wasp Venom Found in Child Covid Shots

By Michael Baxter

July 27, 2022

Do the horrors ever end?

The U.S. military continues to find anomalous ingredients in Covid-19 vaccines that manufacturers Pfizer and Moderna manufactured—and allegedly attenuated—for children between the ages of 6 months and 5 years old. Last week, Real Raw News exclusively reported that the military had found the drug scopolamine, a hallucinogenic mixture with harmful properties, at mass vaccination centers in New York, California, and Washington. The criminal Biden regime and CDC Director Rochelle Walensky have said *“these shots will protect our children against the deadliest disease we’ve ever faced.”* White Hats within the U.S. military, however, have been scouting these bulk vaccination sites and surreptitiously confiscating vaccine vials for chemical analysis. The latest data show that samples acquired from a vaccination center in Redmond, Washington, contain the venom of the tarantula hawk wasp, which, according to entomologist Justin Schmidt, ranks among the most painful stings on the planet.

On 25 July, White Hats at U.S. Army Medical Research received 75 vials—450 doses—of child Covid vaccine taken from the Redmond location. Four of the 75 vials contained 19mg of venom per 1,000-unit vial. A typical tarantula hawk sting delivers ~100mcg of venom. In layman’s terms, each vial held 19,000mcg of venom, or 42.5mcg per dose. This may seem trivial because each dose envenomates the recipient with less than half the potency of a typical sting; however, the victims are very young infants and children with low pain thresholds.

Adults have described the tarantula hawk wasp sting as worse than that of the hornet, clearly suggesting it is painful and temporarily debilitating.

Worse, approximately 1% of children allergic to wasp stings have endured anaphylactic shock. In the absence of antihistamines like an epi-pen, some kids have died from a single sting.

But White Hats don’t believe the wasp venom is part of a eugenics program to eradicate our children. Rather, they assert the Deep State is involved in a widespread program aimed at causing immeasurable suffering among our

population's most vulnerable demographic—children, as part of a sinister but not fully understood agenda.

“This is obviously meant to make children scream in pain when they get a Covid shot. The shot is painful enough, but with the wasp venom added, it’s 100 times worse,” said Captain John Forsythe at Medical Research and Development Command. *“That only a small percentage of children get the contaminated vaccines doesn’t matter. It’s unspeakably horrifying and potentially harmful to those who get it. The vaccine is deadly enough without the contaminants.”*

Source: >>>

Wasp Venom Found in Child Covid Shots | Real Raw News

<https://realrawnews.com/2022/07/wasp-venom-found-in-child-covid-shots/>

Israel Caught Concealing Children’s Vaccine Injuries Posted On July 24, 2022 @ 5:22 pm In Headline News

by Vera Sharav

[Alliance for Human Research Protection](#) ^[1]

[Leaked Documents Reveal: Israeli Ministry of Health Concealed Serious Harm from Pfizer Covid Vaccine](#) ^[2]

Israel’s Ministry of Health commissioned a study analyzing reports of adverse events from Pfizer’s COVID vaccine to Israel’s vaccine database, known as the Nahlieli system, between December 2021 and May 2022. The research team was headed by Professor Matti Berkowitz, director of the Clinical Pharmacology and Toxicology Unit at Assaf Harofeh Hospital (Shamir).

Prof. Berkowitz’s team found that children in the 5-11-year age group had twice to four times as many adverse events following the Pfizer shot as children in the 12-17 age group. This doubling of vaccine injuries is, in itself, extremely disturbing — and should have been immediately brought to the attention of the nation’s parents.

The parents were not informed. What’s more, the Ministry officials recommended booster shots for youngsters aged 5-11—thereby increasing the risk for serious harm.

Furthermore, the doubling of adverse events is only the beginning of the bad news.

As [Dr. Yaffa Shir-Raz](#) ^[3], a health and risk communication researcher at the University of Haifa and at Reichman University, [explained](#) ^[2]: the 2-dose immunization rate for 5 to 11-year-olds is less than 18%, while older children have rates of 55-72% (3-4 times higher).

“That means that the young children would thus be expected to have 1/3-1/4 of the number of adverse events experienced by the older children, not twice as many.

This means that the adverse event rate for young children is actually 6-8 times that of the older children, i.e., at 600-800% of the baseline injury rate!”

It is unconscionable that the Israeli Health Ministry knew about the serious risks of harm posed to young children, concealed the evidence, and further expanded the ever-increasing risk for children by authorizing the use of these UNSAFE and medically unjustifiable genetically manipulated injections for infants and toddlers!

The exposure of children to unjustifiable risks constitutes — as the late Dr. Vladimir Zelenko fearlessly categorized diabolical child sacrifice.

The disturbing findings by Prof. Berkowitz and his team are not the first warning signal regarding the safety of Pfizers’ COVID vaccine in children.

Active monitoring for adverse events was conducted by the HMOs in Israel for about four months among 172 children aged 5-11, who were vaccinated as an initial group outside the label (under the authorization of the vaccine for kids 12-15 years old), also demonstrated acute safety signals (Ministry of Health circular: “Vaccination of kids aged 5-11 years against the new Coronavirus – an exception for individual cases from 27.7.21”, reference 548562821). Another flashing warning light rises from the gap found among vaccinated kids aged 5-11 years old between the number of those who received the first dose and the number of those who received the second dose. According to data from the Ministry of Health, there is a gap of 92,000 children.

Two Published Analyses of Israeli National data Confirm Serious Harm following Covid experimental genetic injections.

1. A very large Israeli study published in the Journal of Clinical Medicine (April 2022) included 196,000 unvaccinated patients who recovered from Covid infection, compared to 590,000 controls. The doctors found that COVID infection itself is not linked to a significant increase in cardiovascular complications.
 - These findings contradict previous, widely publicized false claims about the risks for unvaccinated people.
1. Another [new study](#) ^[4] by Israeli medical scientists was published in the journal [NATURE](#) ^[5] (April 2022). The study is based on data from the National Emergency Medical Services and updates the findings of a previous study (2021) that linked COVID vaccines to heart inflammation (myocarditis) in young men. The new study found a 25% increase in cardiac arrest in both males & females.

This study and the data from the US FDA-CDC database – Vaccine Adverse Event Reporting System (VAERS) — contradict a flood of commissioned articles in

scientific journals that have sought to shield the experimental injections by falsely blaming Covid infection for the admitted increase in cardiac inflammation and deaths. Public health officials in the U.S., Canada, Australia, Israel, and Western Europe, ignored the warnings and the mounting evidence of irrevocable harm from the public.

- Before mass Covid vaccination, there was no “Sudden Adult Death Syndrome.” Neither did children suffer heart attacks!

To gain insight into the scope and magnitude of harm to individual, previously healthy Israelis, I highly recommend that you check Avital [Livni's Israel Testimonies Project](#) ^[6]

Having escaped the Nazi genocidal agenda, I am ever more convinced that we are being confronted with a genocidal war on a global scale. The genetically manipulated mRNA injectables are technologically advanced bioweapons.

[Israel Caught Hiding Children's Vaccine Injuries](#) ^[7]

Leaked documents show the government keeping data from the public while approving children's boosters.

Children aged 5-11 are suffering vaccine injuries, including neurological adverse events, at about 6 times the rate of 12 to 17-year-old children.

Raw data – 2x the injury rate of teens

Israel's Ministry of Health commissioned a study analyzing reports of adverse events from Pfizer's COVID vaccine to the nation's vaccine database, known as the Nahlieli system, between December 2021 and May 2022. The research team was headed by Professor Matti Berkowitz, director of the Clinical Pharmacology and Toxicology Unit at Assaf Harofeh Hospital (Shamir).

In raw numbers, Berkowitz found that children in the 5-11 age group had twice as many adverse events following the Pfizer shot as children in the 12-17 age group. That doubling of vaccine injuries is, in itself, extremely disturbing and should have been immediately brought to the attention of the nation's parents.

Worse – 6x the injury rate of teens

Unfortunately, the doubling of adverse events is only the beginning of the bad news. [Dr. Yaffa Shir-Raz](#) ^[3], a health and risk communication researcher at the University of Haifa and at Reichman University (IDC Herzliya), [notes](#) ^[2] that the 2-dose immunization rate for 5 to 11-year-olds is less than 18%, while older children have rates of 55-72% (3-4 times higher).

All things being equal, the young children would thus be expected to have $\frac{1}{3}$ - $\frac{1}{4}$ of the number of adverse events experienced by the older children, not twice as

many. This means that the adverse event rate for young children is actually 6-8 times that of the older children, i.e., at 600-800% of the baseline injury rate!

While there are slightly more children in the 5 to 11-year-old group than in the 12-17 age group, it does not come close to accounting for the mind-blowing rate increase in the younger group.

New vaccine injuries not included in Pfizer's leaflet

The findings by Professor Berkowitz were presented to the Ministry of Health's Department of Epidemiology about three weeks ago, in early June 2022, together with graphs depicting the severity of the data, broken down by injury types, as well as additional alarming information:

. . . the team identified and characterized neurological symptoms that were not previously known and are not mentioned in the physician's leaflet of Pfizer's Comirnaty vaccine, including Hypoesthesia (partial or complete decrease in skin sensitivity), Paraesthesia (abnormal skin sensation such as numbness, tingling, stinging or burning), tinnitus, dizziness and more. [Emphasis added].

Changes to the menstrual cycle are long-lasting

Dr. Shir-Raz reports that Pfizer representatives have claimed to have “no knowledge of long-term adverse events.” The research team found, however, that many side-effects of the vaccine are indeed long-term. In the case of changes to the menstrual cycle, 90% of the women reported the change to be long-lasting. Thus, *the research team made it clear to the Department of Epidemiology that Pfizer needed to be notified regarding the long-term adverse events identified. [Emphasis added].*

Pfizer should be informed, but not the public?

What you don't know *can* hurt you.

When some three weeks passed without the Health Ministry making these findings public, those privy to the information became concerned that parents were not being given the information necessary to act with “informed consent” in determining whether to inject their own children.

Leaked documents

The concerned individuals then leaked the data and graphs, which eventually came into the hands of the [Professional Ethics Front](#) ^[8], an independent Israeli group of physicians, lawyers, scientists, and researchers, who “aim to address the ethical issues related to the COVID-19 crisis in Israeli society.” This watchdog group addressed a letter and follow-up correspondence to the official [State Comptroller of Israel](#) ^[9], [Matanyahu Englman](#) ^[10], a Knesset appointee charged with overseeing the legality and ethical conduct of public sector institutions:

The findings have been brought to our attention, and they are serious and indicate a risk to children, and in particular to young children aged 5-11 ...

The group argued that the information should be disclosed, even if the data is still expected to go through additional analysis,

Out of fear that there is a blatant violation of parents' right to informed consent, and because it constitutes gross negligence, and puts children and infants at risk".

Too busy to respond?

Despite Israeli law making it clear that the State Comptroller act independently of the executive branch, they have not responded in any way to the group's requests, prompting the group to file a Freedom of Information Request (FOIA) to get the full report to the public with an acknowledgment of its authenticity. This delay in response comes even as Israel has just approved booster shots for young children and stands poised to add babies and toddlers to the COVID vaccination schedule.

Matches previous reports on the danger to small children

This passive monitoring analysis (based on reports initiated by parents) matches the alarming findings from an active monitoring study of adverse events in children aged 5-11 in Israel (tracking every child in the study), which *"also demonstrated acute safety signals."*

Matches findings of danger to babies

If small children are having difficulty absorbing the contents of the COVID vaccines, one might expect babies and toddlers to also face dangers from the injections. That is just what Dr. Shir-Raz found in an [analysis](#) ^[11] she conducted with her colleague Ranit Feinberg of Pfizer data on children under 4:

... contrary to the FDA's briefing document claiming that the majority of adverse events in Pfizers' clinical trial were non-serious – at least 58 cases of life-threatening side effects in infants under 3 years old who received mRNA vaccines were reported. For some, it is unclear if they survived ...

Shir-Raz found the most common serious adverse events to be life-threatening bleeding, anaphylactic shock, anticholinergic syndrome, encephalitis, hypoglycemia, and neuroleptic syndrome. In most of the reported cases, these are multi-system injuries.

In one egregious case, with no indication of whether the baby was enrolled in a Pfizer experiment and lacking any other explanation about how a baby just a few weeks old received the COVID shot, Shir-Raz reports,

"Chest pain; cardiac arrest; Skin cold clammy." This short description of a cardiac arrest, which occurred one hour after receiving a Pfizer-BioNTech COVID-19 vaccine, is taken from the VAERS system – the US Vaccine Adverse Event Reporting System ([case number 1015467](#) ^[12]), and it does not refer to an elderly

person, nor to a young adult or even a teenager. It is hard to believe, but this report refers to a two-month-old baby.

Ominously, this infant's outcome is labeled unknown.

This case was reported as serious with seriousness criteria-life threatening from HA. No follow-up attempts are possible. No further information is expected.

It's Official: Your DNA is Weaponized

JULY 25, 2022

Spread the Word

A House Intelligence Committee member warns Americans against using DNA testing kits

Bio-samples gathered by various DNA testing services could be sold and used to develop bioweapons specifically tailored to target certain groups or even individuals, US lawmakers have claimed at the Aspen Security Forum – echoing concerns long voiced by Russian officials.

“There are now weapons under development, and developed, that are designed to target specific people,” US Representative Jason Crow (D-Colorado), a member of the House Intelligence Committee, [said](#) in Colorado on Friday. “That’s what this is, where you can actually take someone’s DNA, take their medical profile, and you can target a biological weapon that will kill that person or take them off the battlefield or make them inoperable.”

Given that threat, Crow added, it’s troubling that expectations of privacy for personal data have diminished over the past 20 years, to the point that young people have “*very little expectation of privacy*” and readily give their data to private companies, such as DNA testing services.

“People will very rapidly spit into a cup and send it to 23andMe and get really interesting data about their background,” Crow said. “And guess what? Their DNA is now owned by a private company. It can be sold off with very little intellectual property protection or privacy protection.”



He added that the US will need to create new guidelines for protection of personal health data, including DNA, *“because that data is actually going to be procured and collected by our adversaries for the development of these systems.”*

Moscow has been warning about the dangers of uncontrolled gathering of DNA samples for years, with President Vladimir Putin stating back in 2017 that according to Russian intelligence services, biological samples were being [harvested](#) *“purposefully and professionally”* all over Russia by various NGOs and other organizations for unclear purposes.

Over the past years, the Pentagon has *“significantly expanded its research potential not only in the field of creating biological weapons, but also obtaining information about antibiotic resistance and the presence of antibodies to certain diseases in populations of specific regions,”* Lieutenant-General Igor Kirillov, the head of the Russian Radiation, Chemical and Biological Protection Force, claimed in May.

In a series of briefings starting in March, the Russian military has been presenting evidence of the Pentagon’s alleged involvement in funding biolaboratories in Ukraine. According to Russia’s Investigative Committee, the US poured more than \$224 million into biological research in Ukraine between 2005 and early 2022.


While Washington admitted its support of 46 biological research facilities in Ukraine over the past 20 years, it insists it was all part of a peaceful public health project. The US military accused Russia and China of “spreading disinformation and sowing mistrust” about its efforts to rid the world of weapons of mass destruction – while Western media dismissed the claims as a [conspiracy theories](#) and [science fiction](#).

Concerns over customized bioweapons extend beyond human DNA data, according to Sen. Joni Ernst (R-Iowa), a member of the Senate's Subcommittee on Emerging Threats and Capabilities and Armed Services Committee, who spoke on a panel with Crow. America's adversaries can also direct bioweapons specifically at US livestock and crops to create a food security crisis, she claimed.

"There's a number of ways we can look at biological weapons and the need to make sure not only are we securing human beings, but then also the food that will sustain us," Ernst added.

A report issued earlier this year by the US-China Economic and Security Review Commission suggested that China could someday attempt to wage [biological warfare](#) against genetically modified American crops, given its increased "interest in US agriculture" and GMO-related intellectual property.

"While China's main interest in obtaining GM seeds from the United States is in improving its crop yields, the potential weaponization of agricultural IP is possible," it said. "Similar to hacking a computer code, Beijing could easily hack the code or DNA of US GM seeds and conduct biowarfare by creating some type of blight that could destroy US crops."



CDC Forced to Admit Their Claims Are False

Friend,

ICAN demanded, through three separate requests, that the CDC provide evidence to support its claim that COVID-19 vaccines are not causing variants.

We now know that from these two [prior requests](#), and in this [third and final response](#) we received from the CDC it is clear that their claims are completely baseless and false.

Straight from the CDC:

[“A search of records by the National Center for Immunization and Respiratory Diseases and the Emergency Operations Center failed to reveal any documents pertaining to your request.”](#)

The CDC has no evidence.

[We need your help to continue to expose the lies of government agencies.](#)

Children Don't Need COVID Vaccines, Canadian and Australian Groups Tell Public Health Officials

By Julie Comber, Ph.D. | *The Defender* | July 25, 2022

Groups in Canada and Australia are urging public health officials to reconsider rolling out [COVID-19](#) vaccines for young children, following the authorization earlier this month in both countries of Moderna's COVID-19 vaccine for children ages 6 months to 5 years.

The [Australian Vaccine-risks Network](#) (AVN) on July 19 sent an [open letter](#) to Dr. Brendan Murphy, secretary of Australia's Department of Health and Aged Care, voting members of the [Australian Technical Advisory Group on Immunization](#) and members of parliament threatening to *“move forward with preparations for seeking the intervention of the Federal Court of Australia”* if officials don't respond.

The [Canadian COVID Care Alliance](#) (CCCA) on July 14 [published an open letter](#) to Canadian health officials stating their members would *“be happy to meet you to discuss findings documented in this letter in greater detail.”*

Both letters emphasized three arguments against authorizing the mRNA shots in young children and babies:

1. Children don't need COVID-19 vaccination because they are at [extremely low risk](#) of COVID-19.
2. In any case, the mRNA shots don't work well.
3. The potential harm from the mRNA shots outweighs the benefits for young children.

Both letters also referenced the June 30 [open letter](#) to U.K. health officials from more than 70 physicians and scientists warning against vaccinating younger children against COVID-19.

The U.K. letter, written in response to the U.S. Food and Drug Administration's (FDA) [Emergency Use Authorization](#) (EUA) in mid-June of the Moderna and the

Pfizer-BioNTech COVID-19 shots for children as young as 6 months, urged U.K. health officials to not “[make the same mistake](#)” the FDA made.

All three letters referenced Søren Brostrøm, director of the Danish Health and Medicines Authority, who in June [said](#), “*We did not get much out of having children vaccinated against coronavirus last year.*”

Australia’s [Therapeutic Goods Administration](#) on July 18 [provisionally approved](#) a pediatric dose of Moderna’s [Spikevax](#) COVID-19 shot for children ages 6 months to 5 years old. Rollout of the vaccines is contingent on input from the Australian Technical Advisory Group on Immunization.

A few days earlier, on July 14, Health Canada [authorized](#) the use of Spikevax for children 6 months to 5 years of age. According to the statement, “*As a result of this authorization, approximately 1.7 million children are now eligible for vaccination against COVID-19.*”

Risks ‘far outweigh’ benefits for children

The 11-page CCCA letter contains 117 references and six pages of figures and graphs to support the group’s argument that “the data shows that, in the Omicron era, when population-based immunity is widespread, the risks associated with COVID-19 mRNA vaccines far outweigh the benefits in children.”

The authors of the CCCA letter criticized the FDA, stating, “*no gold standard, placebo-controlled disease endpoint trials, large enough [with at least 800,000 participants] to categorically establish the clinical safety and long-term efficacy of the Pfizer COVID-19 mRNA vaccinations in children 12- to 15-years-old, 5- to 11-years-old, 2- to 4-years-old, and 6-months-old to 23-months-old have been undertaken.*”

Instead, the EUA for Pfizer was “*based on the preliminary results of four very small [immuno-bridging trials](#), enrolling fewer than 3,000 participants each.*”

The [CCCA letter](#) presented data from the Canadian province of Ontario, which “*reported a negative dose-response effect for the COVID-19 vaccinations [original emphasis].*”

The letter continued:

“*In other words, the proportion of cases of COVID-19 were highest among those who had been ‘boosted,’ lower among the ‘fully inoculated’ and least among the ‘not fully inoculated’ (which includes the ‘uninoculated’).*”

The authors presented graphs from the [Public Health Ontario website](#), noting a similar pattern was observed in the 12- to 17-year-olds and the 5- to 11-year-old age groups.

“Additionally, a greater proportion of ‘boosted’ Ontarians have died, revealing that the vaccinations may be associated with serious secondary effects.”

The CCCA letter concludes:

“We trust that our research has provided you with evidence needed to adjust Canadian health policy to protect our children from undue harm. We would be happy to meet you to discuss findings documented in this letter in greater detail.”

‘Huge gap’ in Pfizer’s vaccine trial documentation.

According to the authors of the AVN letter, the [Pfizer documentation](#) presented to the FDA had huge gaps in the evidence provided.

For example, the letter stated:

“The protocol was changed mid-trial. The original two-dose schedule exhibited poor immunogenicity with efficacy far below the required standard. A third dose was added by which time many of the original placebo recipients had been vaccinated.”

The [AVN](#) letter argued the Moderna shot for young children fails to meet Australia’s regulatory requirements to be granted *“provisional determination”* (similar to EUA in the U.S.) under [regulation 10L\(1\)\(a\)](#) of the Therapeutic Goods Regulations.

To receive provisional determination, there must be *“an indication of the medicine is the treatment, prevention or diagnosis of a life-threatening or seriously debilitating condition,”* the letter stated.

The authors said Australia’s health department and TGA did not *“show any data or science to support a conclusion that COVID-19, and particularly the Omicron variant now widespread across Australia, is ‘life-threatening’ to infants aged 6 months up through 4 years, nor indeed that infants 6 months up through 4 years suffer ‘seriously debilitating’ symptoms when infected with COVID-19.”*

The authors also addressed the issue of [manipulative strategies](#) used to promote COVID-19 vaccination of children, and said pushing unnecessary and novel mRNA-based vaccines onto young children risks undermining parental confidence in routine immunization programs.

7 BIGGEST mass media cover-ups since the COVID-19 scamdemic began

Monday, July 25, 2022 by: [S.D. Wells](#)

([Natural News](#)) Without fake news *“mainstream media,”* the medical industrial complex would not be nearly as effective at conning and coercing so much of the populace into this toxic pharma scamdemic that has been not only a cash cow for the pharma goons, but a death sentence for millions of sheeple. MSM is the *“right*

arm” of the pharma industrial complex, just as [IG Farben](#) (pharmaceutical conglomerate) was for Adolf Hitler.

The television, newspapers, social media, and shill websites all get their narrative script directly from the CDC, and it’s all propaganda to push faulty PCR tests, masks, prescription drugs, ventilators, paranoia, and of course, [blood clotting](#) “vaccines.”

Mass media is the propaganda arm of Big Pharma, for a fake history of medicine and to cover up current events that defy the narrative.

As toxic medicine and deadly [vaccines maim and kill](#) millions of Americans, the only way to keep the scandemic “alive” and spreading is to use the pharma arm of fake news, to cover up the carnage as it occurs, and as it is revealed by truth news (independent media). An entire [fake history of medicine](#) has been propagated for the sheeple to digest (and regurgitate), leaving the masses with no clue that their own government wants them dying and dead, while robbing them of all their rights, health, and livelihood in the process.

Welcome to VIRUS MANIA of 2022 and beyond, where the mass media covers up anything and everything that would reveal the FDA, CDC, and WHO are in cahoots to turn every American into a zombie who takes toxic medicine daily, clot shots for “virus” scams, and eats genetically mutated, lab-concocted food all day. All of this while those same zombies read fake news and repeat that narrative like it’s fact, for all their friends, relatives, neighbors, and coworkers.

Here are the 7 most epic mass media cover-ups since the Wuhan lab virus plandemic began:

- #1. The “vaccines” are not really vaccines, so the CDC had to change the definition
- #2. Most of the people dying from Fauci Flu are “fully vaccinated” against it
- #3. mRNA DOES change your DNA, tricking cells into producing unlimited toxic prions
- #4. Masks do NOT work, but rather breed bacteria in the mouth, throat, and lungs
- #5. PCR tests are mostly false positives used to spread virus mania and increase pharma profits
- #6. Healthy athletes, pilots, celebrities, and military members are suffering myocarditis and deaths from the clot shots and the media NEVER mentions vaccine-induced injuries

#7. Spike proteins travel throughout the ENTIRE vascular system, invading organs and clogging vessels, not just remaining at the “site of injection”

Sick news for sick people under a sick regime!

Yes, the CDC had to change the “*definition*” of vaccines, because the Fauci Flu clot shots don’t even fit it, and they definitely wanted to be sure they could call them “*vaccines*,” since three out of every four Americans think vaccines are good for your immune system and “*save*” you from infectious disease death. Most of the world that’s catching and/or dying from COVID-19 are triple-vaxxed and still getting more clot shots as they become available as “*boosters*.”

These gene therapy “*victims*” think the spike proteins help them avoid COVID-19, and they have no clue that these toxic, virus-mimicking, sticky prions clog the entire vascular system, and invade vital organs, shutting them down. Got severe, chronic inflammation? Look no further than the clot shots.

Meanwhile, fake news and fraudulent Fauci have the masses thinking their bacteria-breeding masks are keeping them safe from viral particles that are flying around looking for maskless, unvaccinated people and taking them out like flies. Yet, those same masks help provide false-positive PCR tests, that add to the chaos and paranoia of the scandemic, leading the masses to their death caves (MD offices and hospitals).

Do your own research and don’t use Google. Try the search engine [Brave BETA](#) and get more truth news and real information. Bookmark [Censored.news](#) to your favorite websites for truth news that’s being censored from the rest of media as you read this.

Dr. Tony: Health Officials were 'always aware' of natural immunity to C-19

July 26, 2022



Fauci claims health officials were 'always aware' of natural immunity to COVID-19
The NIAID director clarified that the natural immunity to COVID-19 becomes less effective over time.

By Ben Whedon

National Institute of Allergy and Infectious Diseases Director Dr. Anthony Fauci on Monday said health officials knew during the COVID-19 pandemic that contracting the disease ultimately offered a degree of natural immunity to it.

"We were always aware that if you get infected, you have a degree of protection against reinfection," he told reporters, per the Epoch Times.

Critics of Fauci's push for nationwide vaccinations long argued that natural immunity offered protection against the virus and thus individuals who contracted COVID-19 didn't need to opt for one of the nation's authorized vaccines.

The NIAID director clarified that the natural immunity to COVID-19 becomes less effective over time and was not comparable to the protections one develops after contracting polio, smallpox, or measles.

At the height of the pandemic, Fauci was a high-profile advocate for strict lockdown measures and mask mandates. He often pushed the receipt of both initial vaccines and booster shots despite NIAID researchers discovering that natural immunity led to stronger antibody responses than the Moderna mRNA vaccine.

Fauci has long drawn scrutiny, especially from Republicans, over his endorsement of strict COVID-19 policies. GOP leaders have long been open about their plans to investigate him and his agency over its handling of the virus and his public statements. Kentucky Republican Sen. Rand Paul on Monday said *“one way or another, if we are in the majority, we will subpoena his records and he will testify in the Senate under oath.”*

Starting THIS fall: Endless COVID booster shots ramp up, funded with taxpayer money

by: [Sara Middleton, staff writer](#) | July 25, 2022

[\(NaturalHealth365\)](#) Not too long ago, when the media first began talking about new COVID shots from Big Pharma companies Pfizer and Moderna, experts and everyday people – all of whom were swiftly labeled “conspiracy theorists” – warned that these hastily made mRNA jabs would almost certainly give way to vax mandates and an endlessly increasing, vice grip-like control over individuals’ bodily autonomy. One dose or even two doses would *never* be enough – Pharma and government officials would demand that people take three or more doses to function in society and put food on their families’ tables.

Now, [a recent move](#) from the U.S. Food and Drug Administration (FDA) seems to perfectly exemplify this concerning prediction. The decision is sure to boost Pfizer’s and Moderna’s profits, paid for with taxpayer money. But will these shots actually “boost” Americans’ health?

Did the U.S. government just set a precedent for unending COVID shot boosters? On June 29, 2022, President Biden’s Administration announced a \$3.2 billion deal to *“secure 105 million doses of Pfizer’s latest COVID-19 vaccine for [a] fall vaccination campaign.”* The deal came with an option to buy up to 300 million doses.

The very next day after this deal was made, the FDA came out and said that these fall [booster](#) shots would need to be modified to target specific variants of the SARS-CoV-2 virus, Omicron subvariants BA.4 and BA.5.

So, in addition to using taxpayer money to purchase billions of dollars’ worth of shots from these companies, the government is now telling these companies to make new versions of the shots – effectively reinforcing that whatever COVID shots people already got earlier in the pandemic are useless and likely won’t “count” toward future vax mandates.

Is this what we can expect to see every fall from now on, just like flu shots?

Dr. David Garter is a pharmacologist and [FDA](#) reform advocate at the Ethics and Public Policy Center in Washington, D.C. In an email to Children’s Health Defense, he writes, *“Nobody is taking the booster shots, and the White House*

just keeps ordering them and ordering them from Pfizer,” adding that “Pfizer is on track to make \$50 billion off vaccines in 2022 alone and the government keeps on ordering.”

Notably, no human clinical trials to date have tested modified COVID shots with Omicron subvariants, according to Children’s Health Defense (although Pfizer and Moderna will reportedly begin such trials shortly).

In a Twitter post, Children’s Health Defense founder Robert F. Kennedy, Jr. stated that the White House *“has dropped all pretenses that this is about protecting public health,”* calling the move an *“unsheathed corporate welfare project to further enrich the shareholders of the most profitable industry in history.”*

Pay attention: You can never be *“fully vaxxed”* against COVID-19.

You’ll remember at the beginning of the vax rollout how people would brag about being *“fully vaxxed”* and how government officials would say that *“fully vaxxed”* individuals were doing their part to protect themselves and each other ... notice how quickly this argument fell apart, for a few reasons.

For one thing, we now know that these COVID shots do NOT stop transmission of SARS-CoV-2 and that vaxxed individuals infected with the virus are as *infectious* as vax-free individuals who are infected (and building natural immunity). The idea that getting jabbed will prevent the spread of SARS-CoV-2 is simply not grounded in reality.

For another thing, and according to the U.S. government, *there is no such thing as “fully vaxxed” anymore.*

On its website, the Centers for Disease Control and Prevention (CDC) does not refer to people as fully vaxxed but instead says that people should *“stay up to date with the recommended vaccines.”* They use the term *“up to date”* to describe anyone who has received *“all doses [of the COVID shots] in the primary series and all boosters recommended for you, when eligible.”*

This might seem like a subtle change in terminology, but the implication is significant: *anyone who agrees to get a vax is effectively agreeing to get as many doses of it as deemed necessary by the government.*

This also means that as soon as someone decides to decline any further shot, they too must suffer the consequences that the government has gotten away with, such as banning you from travel, access to public spaces, and even employment.

Having to perpetually consume drugs to participate in society is *not* ethical, yet many will argue that this is precisely the groundwork laid for the American public. Give the government an inch, and they will take miles.

Bullous pemphigoid or probable Monkeypox is triggered by mRNA Covid-19 vaxx

JUL 28 Posted by [Editor, cairnsnews](#)

Published by the National Library of Medicine, Maryland, US, October 2021

Bullous pemphigoid (BP) is an autoimmune skin disease characterized by the appearance of tense blisters over an erythematous base and the existence of circulating G immunoglobulins (IgGs) against hemidesmosome antigens BP180 and BP230.¹ In this paper we present the case of a woman who developed BP after receiving the first dose of *COMIRNATY* (messenger ribonucleic acid [RNAm] Pfizer-BioNTech vaccine) and a subsequent reactivation after receiving the second one.



The case corresponds to a 78-year-old woman with diabetes mellitus, treated with insulin, and Alzheimer's disease (global deterioration scale [GDS] score of 4), treated with memantine. She consulted the Dermatology Department due to a 1.5-month history of skin rash, reporting that the lesions had appeared three days after she received the *COMIRNATY* vaccine. Her symptoms stabilized within two weeks with the aid of high-potency topical corticosteroids. However, 21 days later, she experienced a significant reactivation after receiving the second dose of the vaccine (Fig. 1). A physical examination revealed tense blisters over an erythematous base on her face, trunk, and limbs. No lesions were detected on

any of her mucous surfaces. A skin biopsy confirmed the diagnosis of BP, with both direct and indirect positive serum immunofluorescence. The remaining laboratory analyses yielded normal results, except for mild eosinophilia. We informed the Pharmacovigilance System and started treatment with prednisone 40 mg every 24 h, achieving a good clinical response.

The two BP antigens are found in the hemidesmosome, a cell adhesion complex that anchors the epithelium to the basement membrane. It has been proposed that IgG bound to these antigens activates the complement by inducing inflation and interrupting this bond.² Genetic predisposition and certain triggering factors are involved in its etiopathogenesis. The association between BP and basement membrane alterations, such as traumas or burns; certain drugs, such as oral antidiabetics; or neurological diseases, such as Parkinson's disease or dementia, is well known.^{2,3} The latter association is partly explained by the autoimmune cross-reaction that occurs between the BP230 protein isoforms present in both the skin and the central nervous system.² In relation to vaccines, cases of BP have been reported following the administration of vials against tetanus, diphtheria, pertussis, polio, rabies, hepatitis B, rotavirus, pneumococcus, or influenza.^{1,2,3,4,5} The latency period ranges between one day (or earlier in the case of the pediatric population)¹ and one month following the vaccination.^{2,4,5} The mechanism by which the vaccine induces BP is not well understood, and it is unlikely that a vaccine itself would explain the association, as there are no similarities between the vaccine structure and the basement membrane antigens.² One hypothesis that has previously been proposed is that the vaccination may trigger a greater autoimmune response in patients with a significant immunological predisposition,^{2,4} such as the case of our patient with Alzheimer's disease, as the vaccine would activate B-cell immunity and, therefore, the production of antibodies,⁴ which is the main mechanism by which the lesions of this disease are generated.

In our patient, BP developed within three days of the administration of the first dose of the *COMIRNATY* vaccine against the 2019 coronavirus disease (COVID-19). The appearance of these lesions was followed by a period of clinical stabilization during the second week after the vaccination. This was followed by a significant reactivation of the lesions 21 days later, after she received the second dose of the vaccine. The timeline with respect to the administration of the first dose and the reactivation after the administration of the second one supports the hypothesis of a possible relationship between the *COMIRNATY* vaccine administered and the appearance of BP in our patient, with a score of 8 (possible causal reaction) in the Naranjo Adverse Drug Reaction Probability Scale.#
Share this:

Dr. Toney Wants Americans to Wear Masks Again [Video]

July 27, 2022



**Dr. Fauci Wants Americans to Wear Masks Again
New Study Shows Just How Unhealthy It Is
Becker News**

Dr. Anthony Fauci, the Director of the National Institute for Allergy and Infectious Diseases, recently endorsed the CDC's recommendation that Americans should mask in "schools, places of work," and any place "that brings people together in a closed environment."

Dr. Fauci Wants Americans to Wear Masks Permanently

Despite Dr. Fauci's insistence that Americans continue to mask indefinitely — regardless of risk, vaccination status, or natural immunity — there is brand new research that demonstrates that such masking is not only statistically worthless, but actually *harmful*.

Scientific journal 'Nature' has published research showing that masks can harbor bacteria and fungi, in some cases harmful, even if one changes the mask daily.

One remarkable admission in the journal article is that the adverse health effects of mass public masking have not been extensively studied, despite masks being mandated in numerous countries to fight pandemics, such as the SARS-CoV-2 pandemic.

"Although the effectiveness of face masks against viral transmission has been extensively studied, the hygiene issues in mask usage remain unclear," the 'Scientific Reports' study notes. "The standard mask usage is disposable non-woven masks. In some cases, however, people may use non-woven masks

repeatedly or use different types of masks in different situations depending on their socioeconomic cultures.”

“For example, in Japan, the short supply of non-woven masks led to the repeated use of disposable non-woven masks and the use of other types of face masks, such as handmade masks and polyurethane masks,” the study adds. “Even after the shortage of mask supply has been resolved, some people have used disposable non-woven masks repeatedly or other types of face masks.”

“Among environmental pathogens, viruses cannot replicate without infecting host cells; most bacteria and fungi can survive and grow on various materials depending on the conditions,” the article states as background. “Bacteria and fungi are widely present on the surface of the materials used in our daily lives (e.g., currency notes and in public transportation systems), where we can detect pathogenic bacteria and fungi. Although a few studies reported bacterial or viral contamination on masks in experimental and clinical settings, there has been no study on what and how many both bacteria and fungi adhere to masks used daily in community setting bases; this is the neglected hygiene issue under the COVID-19 pandemic.”

“Since masks can be a direct source of infection to the respiratory tract, digestive tract, and skin, it is crucial to maintain their hygiene to prevent bacterial and fungal infections that can exacerbate COVID-19,” the researchers note. “Thus, in this study, following a survey of 109 volunteers on their mask usage and lifestyles, we aimed to quantify and identify the bacteria and fungi attached to the face masks by culturing microbes isolated from the masks.”

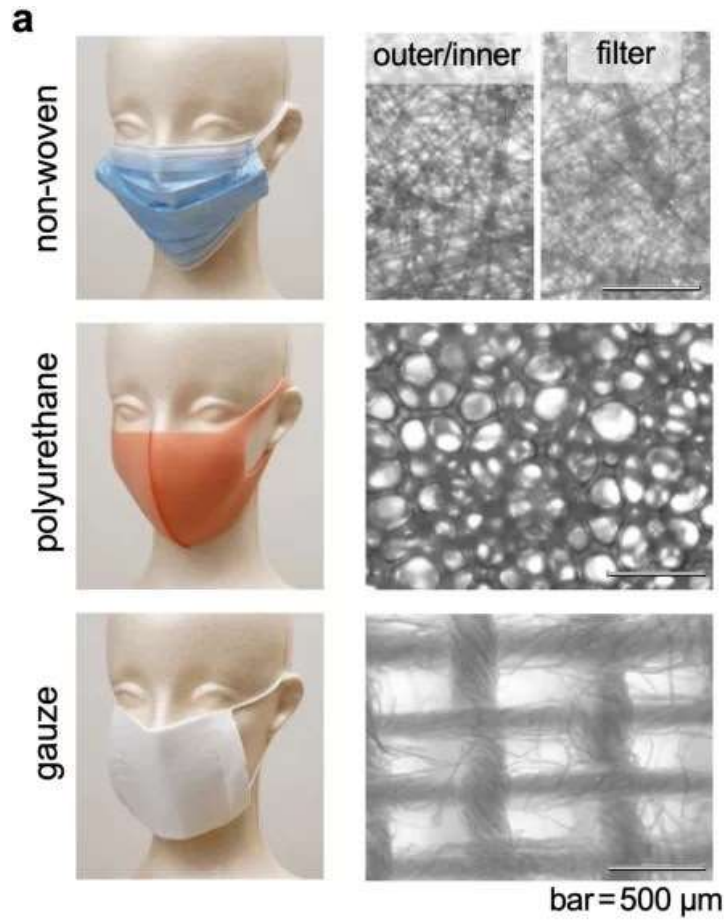
The [study](#) points out that Japan had low viral transmission rates during the period under observation. However, Covid-19 cases have [exploded in Japan](#) despite nearly universal mask usage.

“Although the numbers of COVID-19 patients were relatively low in Japan during the study period, most people wore face masks in public places, and all survey participants wore face masks,” the researchers state before providing the results. As can be seen below, the face side of the masks had significant bacterial colony counts, regardless of mask type, even after one day of usage. Fungi was more likely to grow on the outside of the masks.

The researchers listed the types of bacteria that were procured from the culture samples.

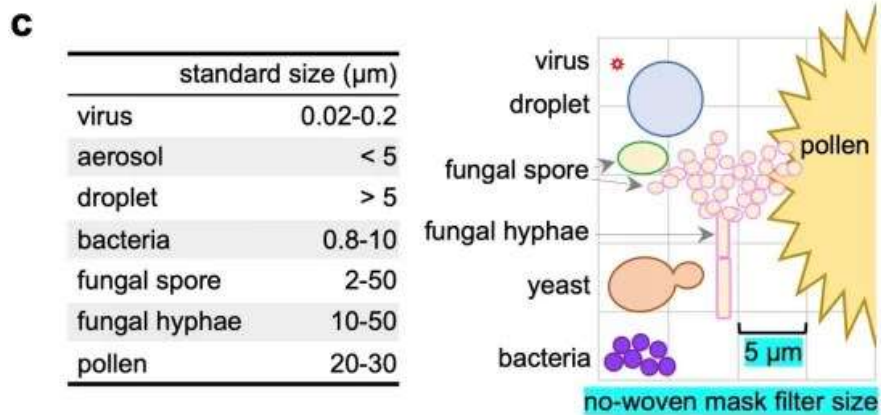
“To further determine the bacteria composing each colony, we conducted Gram staining and 16S ribosomal RNA (rRNA) sequencing,” the study states. “The 16S rRNA sequencing showed that the small white colonies consisted mainly of Staphylococcus epidermidis, and/or S. aureus; the major bacteria species forming the small yellow colonies was S. aureus. The large white colonies were

the second most observed ones and consisted of B. subtilis, a component of natto (a Japanese fermented food). The medium white colonies consisted of B. cereus and B. simplex; B. cereus was identified only on the outer-side of masks. Among the colonies, we also identified other bacterial species by 16S rRNA sequencing. Although most identified bacteria were non-pathogenic, there were several potential pathogenic bacteria in humans as follow: S. aureus (commensal bacterium, but its overgrowth can cause various diseases); B. cereus (intestinal bacterium, causing food poisoning); Staphylococcus saprophyticus (urinary tract infection); and Pseudomonas luteola (opportunistic pathogen)."



b

mask type	pore size (μm)	thickness (mm)	layer number	intended use
non-woven	outer/inner, 50-150 middle filter, 5-30	0.25	3	infection
polyurethane	100-400	2	1	hey fever
gauze	200x450	4	15	infection

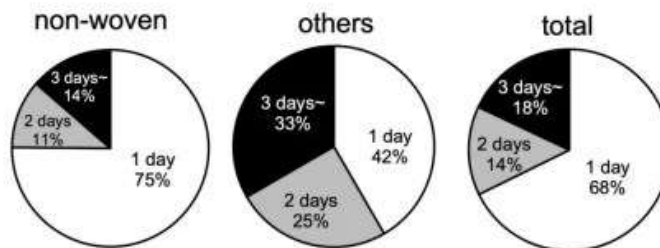


a

mask type	gender % (n)		total % (n)
	male	female	
non-woven	80% (51)	75% (34)	*78% (85)
others	20% (12)	25% (12)	*22% (24)
total	58% (63)	42% (46)	100% (109)

* percentage of users: non-woven vs.others, $p<0.001$

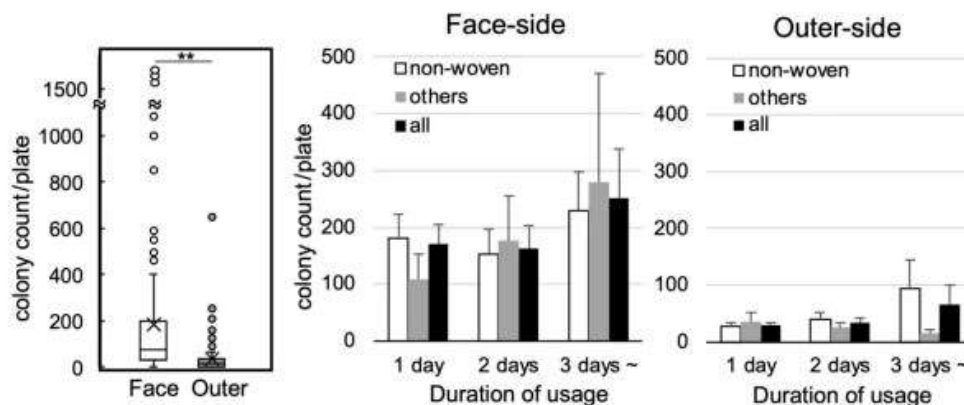
b



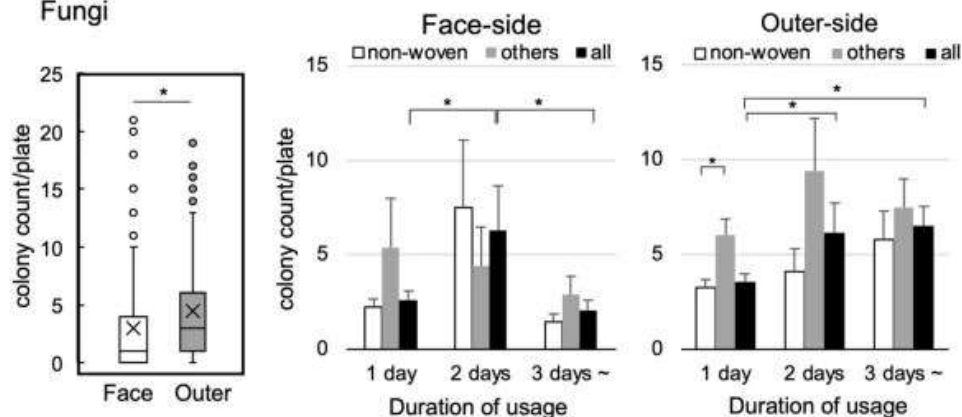
c

duration of mask usage	gender (n)	
	male	female
1 day	45	28
2 days	8	8
3 days~	10	10

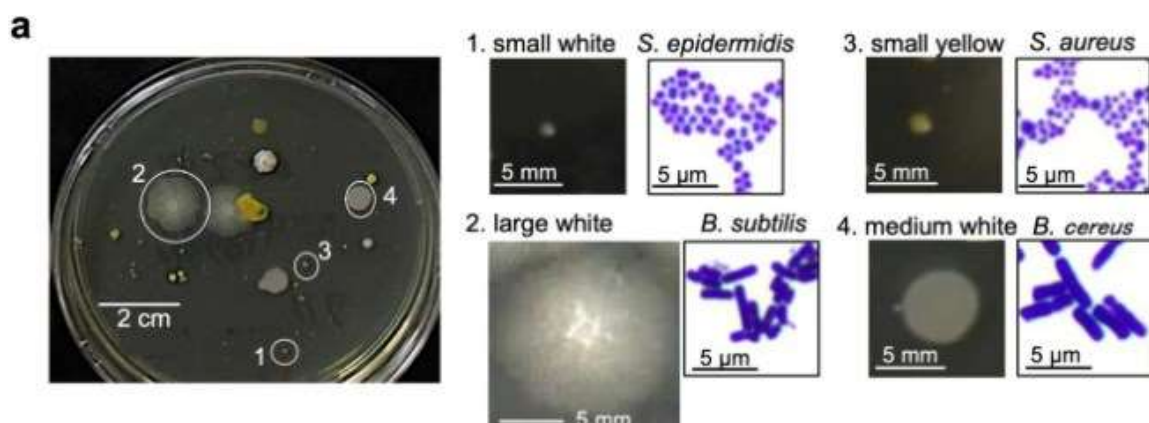
d Bacteria



e Fungi



The bacterial classification is provided below.



b

colony form ^a	1. small white	2. large white	3. small yellow	4. medium white	others ^e
bacteria ^b species	<i>S. epidermidis</i> <i>S. aureus</i>	<i>B. subtilis</i>	<i>S. aureus</i>	<i>B. cereus</i> <i>B. simplex</i>	NA
incidence ^c Face-side (%)	84	36	18	18	2
Outer-side (%)	88	56	18	19	8
% total ^d Face-side	78	11	8	2	1
Outer-side	73	17	6	3	1

a: colony size; small, < 2 mm; medium, 2~10 mm; large, 10 mm <

b: bacteria species mainly identified in each colony form; S, *Staphylococcus*; B, *Bacillus*

c: number of plates containing the colony form / total plate number (n = 109) × 100. Usually one plate contained more than one colony forms.

d: mean of all plates; count of colonies of interest / total count of colonies × 100

e: the other colonies included medium~large yellow and / or pink colonies

C

	Gram stain	locali- [*] zation	patho- ^{**} genicity		Gram stain	locali- [*] zation	patho- ^{**} genicity
Outer-side				Face-side			
<i>Bacillus cereus</i>	+	Hi	+ (27)	<i>Deinococcus proteolyticus</i>	+	U	U (29)
<i>Bacillus firmus</i>	+	S	–	<i>Enterobacter asburiae</i>	–	E, Hi	O (17)
<i>Bacillus flexus</i>	+	E?	–	<i>Pantoea ananatis</i>	–	E	–
<i>Bacillus simplex</i>	+	S	–	Both side			
<i>Curtobacterium flaccumfaciens</i>	+	S	–	<i>Bacillus subtilis</i>	+	S	–
<i>Curtobacterium luteum</i>	+	S	–	<i>Staphylococcus aureus</i>	+	Hs	+ (30)
<i>Erwinia aphidicola</i>	–	E	–	<i>Staphylococcus epidermidis</i>	+	Hs	O (31)
<i>Massilia oculi</i>	–	U	+ (16)	<i>Staphylococcus saprophyticus</i>	+	Hg	+ (31)
<i>Paenibacillus illinoisensis</i>	–/+	E	–				
<i>Pseudarthrobacter defluvi</i>	–	E	–				
<i>Pseudomonas asplenii</i>	–	S	–				
<i>Pseudomonas luteola</i>	–	S	O (28)				
<i>Sphingobacterium detergens</i>	–	S	–				
<i>Sporosarcina koreensis</i>	+	S	–				
<i>Stenotrophomonas rhizophila</i>	–	S	–				

^{*}localization: E, environment; Hg, human genital organ; Hi, human intestine; Hs, human skin; S, soil; U, unknown

^{**}pathogenicity: –,non; +, pathogenic; O, opportunistic pathogen; U, unknown

(#) indicates reference

The researchers also classified the fungi from the masks.



white bar = 10 mm, yellow bar = 5 mm

genus	incidence*(%)	localization**	pathogenicity***	reference
<i>Cladosporium</i>	48	I	–	
<i>Fonsecaea</i>	39	O	+	32
<i>Mucor</i>	25	H	+	33
<i>Trichophyton</i>	23	H	+	34
<i>Rhodotorula</i>	20	I	–	
<i>Penicillium</i>	15	I	–	
<i>Microsporum</i>	11	O	+	34
<i>Alternaria</i>	10	I	–	
<i>Malassezia</i>	6	H	–	
<i>Aspergillus</i>	2	I	+	35
<i>Fusarium</i>	1	O	+	36
<i>Geotrichum</i>	1	O	–	
<i>Pleurostomophora</i>	1	O	–	

* $\frac{\text{positive participant number either face-side or outer-side}}{\text{total participant number (n = 109)}} \times 100$

** localization: I, indoor environment; O, outdoor environment; H, human commensal

*** pathogenicity: –, non-pathogenic, but opportunistic pathogen; +, pathogenic

“After quantifying fungal colonies, we further incubated them for another 2 days at 37 °C to induce spore formation,” the study states. “Then, using lactophenol cotton blue staining, we identified fungi on the masks based on the colony morphology macroscopically as well as the hypha and spore morphology microscopically. Although we could not identify some fungi due to lack of spore formation, we identified 13 fungal genera. Among them, more than 20% of the participants had the four fungal genera, namely Cladosporium, Fonsecaea, Mucor, and Trichophyton, in common on both sides of the masks. The latter three are potentially pathogenic in humans.”

Although the ‘Scientific Reports’ study is not the first to ascertain that there are potentially harmful bacterial and fungal strains that grow on the prevalent types of masks used by the general public, it comes at a time when public health officials are again advising that people, including schoolchildren, again don masks in the statistically futile endeavor to “*slow the spread.*”

In June 2021, a University of Florida laboratory analysis of a sample of children’s masks suggests that masking young healthy persons may be harmful to their health. The results of a small sample of masks showed the presence of 11 dangerous pathogens, including the bacteria that cause pneumonia, tuberculosis, diphtheria, and meningitis. The results were shown by the group Rational Ground.

PATHOGEN	TYPE	DESCRIPTION
acinetobacter baumannii	Bacteria	pneumonia, blood stream infections, meningitis, wound and surgical site infections and urinary tract infections Resistant to antibiotics and very difficult to treat.
alcelaphine herpesvirus 1	Virus	Natural hosts primarily cow, but is fatal
Borrelia burgdorferi	Bacteria	Causes Lyme disease
corynebacterium jeikeium	Bacteria	infection in bone marrow transplant patients
corynebacterium kroppenstedtii	Bacteria	antibiotic resistant pathogen
cutibacterium acnes	Bacteria	Causes acne, blepharitis and endophthalmitis
encephalitozoon cuniculi	Bacteria	Pathogenic in immunocompromised people
Escherichia coli	Bacteria	Found in lower intestine and can cause food poisoning
francisella tularensis	Bacteria	Causes tularemia, fever, skin ulcers, sore throat and pneumonia
mycobacterium tuberculosis	Bacteria	Causes Tuberculosis
neisseria meningitidis Serogroup A	Bacteria	Extremely pathogenic. Causes meningitis and life threatening sepsis
neisseria meningitidis Serogroup B	Bacteria	Extremely pathogenic. Causes meningitis and life threatening sepsis
neisseria meningitidis Serogroup C	Bacteria	Extremely pathogenic. Causes meningitis and life threatening sepsis
parabacteroides distasonis	Bacteria	Causes infections
porphyromonas gingivalis	Bacteria	Found in the oral cavity causing periodontal disease as well as upper gastrointestinal tract, respiratory infections
Rickettsia rickettsii	Bacteria	Rocky Mountain Spotted Fever
staphylococcus aureus	Bacteria	range of illnesses from minor skin infections to life threatening pneumonia, meningitis and sepsis
streptococcus pneumoniae	Bacteria	Major cause pneumonia
streptococcus pneumoniae serotype 19F	Bacteria	Major cause of pneumonia
streptococcus pyogenes	Bacteria	Causes strep throat
streptococcus pyogenes serotype M3	Bacteria	Causes strep throat

“A group of parents in Gainesville, FL, sent 6 face masks to a lab at the University of Florida, requesting an analysis of contaminants found on the masks after they had been worn,” Rational Ground said. “The resulting report found that five masks were contaminated with bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria. Although the test is capable of detecting viruses, including SARS-CoV-2, only one virus was found on one mask (alcelaphine herpesvirus 1).”

The analysis detected the following 11 pathogens on the masks:

- ***Streptococcus pneumoniae* (pneumonia)**
- ***Mycobacterium tuberculosis* (tuberculosis)**
- ***Neisseria meningitidis* (meningitis, sepsis)**
- ***Acanthamoeba polyphaga* (keratitis and granulomatous amebic encephalitis)**
- ***Acinetobacter baumannii* (pneumonia, blood stream infections, meningitis, UTIs—resistant to antibiotics)**
- ***Escherichia coli* (food poisoning)**
- ***Borrelia burgdorferi* (causes Lyme disease)**
- ***Corynebacterium diphtheriae* (diphtheria)**
- ***Legionella pneumophila* (Legionnaires’ disease)**

- *Staphylococcus pyogenes* serotype M3 (severe infections—high morbidity rates)
- *Staphylococcus aureus* (meningitis, sepsis)

“Half of the masks were contaminated with one or more strains of pneumonia-causing bacteria,” the report added. “One-third were contaminated with one or more strains of meningitis-causing bacteria. One-third were contaminated with dangerous, antibiotic-resistant bacterial pathogens. In addition, less dangerous pathogens were identified, including pathogens that can cause fever, ulcers, acne, yeast infections, strep throat, periodontal disease, Rocky Mountain Spotted Fever, and more.”

The lab analysis conducted by the University of Florida’s Mass Spectrometry Research and Education Center studied six *“new or freshly-laundered before wearing and had been worn for 5 to 8 hours, most during in-person schooling by children aged 6 through 11.”* One mask was submitted by an adult for comparison. No pathogens were found on ‘control’ (unworn) masks.

It is now an indisputable fact that hygiene concerns about mass public masking were understudied, but public health officials nonetheless mandated them for millions of Americans, including schoolchildren. Furthermore, there is no statistically significant research that demonstrates conclusively that masking schoolchildren results in lower viral transmission rates.

In early July, a new study in pre-print publication at [Research Square](#) focuses on North Dakota schools, and conducted by researchers from the University of Southern California, University of California, Davis and Truth in Data, LLC, unpacked [school mask mandate data](#) demonstrating *“no significant difference between student case rates while the districts had differing masking policies nor while they had the same mask policies.”*

Indeed, the mask mandate-less West Fargo district had a lower spike than the mandated Fargo Public School District.

The CDC’s mask mandate was recently unpacked in [research article](#) entitled, *“Revisiting Pediatric COVID-19 Cases in Counties With and Without School Mask Requirements—United States, July 1—October 20 2021.”* The results were unfavorable for the CDC’s support of school mask mandates.

The researchers, Ambarish Chandra from the University of Toronto and Tracy Beth Høeg from the UC Cal-Davis, point out that **there is “no significant difference between mask mandates and case rates.”**

“Replicating the CDC study shows similar results; however, incorporating a larger sample and longer period showed no significant relationship between

mask mandates and case rates,” the study notes. *“These results persisted when using regression methods to control for differences across districts.”*

The evidence is in: Mask mandates are not only statistically worthless and harm schoolchildren’s social, emotional, and academic development, but they also pose threats to their health.

If a public health official continues to dismiss such scientifically valid concerns and mandates that schoolchildren wear masks despite nearly zero mortality risk and the widespread prevalence of natural immunity, that official should be immediately challenged to defend putting children’s health at risk.

(TLB) published this article from Becker News as written and compiled by Kyle Becker

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News you need to know:

[New England Journal of Medicine: Unvaccinated COVID Patients Are Contagious for LESS Time Than those Vaxed or Boosted.](#)

[The unvaccinated are the heroes of the last two years](#)

[Fauci lied about his record on lockdown recommendations](#)

[Why young people are suddenly dying](#)

[The Marburg Psyop](#)

[Ebola/Marburg outbreak map](#)

[DOE Issues Fifth Emergency Notice of Sale of Crude Oil From the Strategic Petroleum Reserve](#)

[Canadian truckers and farmers hold the line and convoy in support of the Dutch Farmers.](#)

[Trudeau pushed forward with fertilizer reduction](#)

[Bio and accomplishments of Dr. Judy Mikovits](#)

[Judy Mikovits on the Ebola Marburg Pandemic](#)
[Covid Truths & Lies: A Night with Dr. Peter McCullough, M.D.](#)

[Former CDC director challenges Fauci on COVID-19 origin](#)

[Kentucky's largest school district requires masks regardless of vaccination status](#)

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[What plot lurks behind the Dutch Farmer's protest?](#)

[Matt Pottinger: The Intelligence Agent Who Shut Down America](#)

[German Data shows 1 in 500 adverse events](#)

[Moderna Vaccine Increases Myocarditis Risk By 44 Times In Young Adults](#)

[Anthony Fauci Says If We Could Do It Again, COVID-19 Restrictions Would Be 'Much, Much More Stringent'](#)

[Huanan Market In Wuhan Was the 'Epicenter' of COVID-19 Outbreak](#)

[Deadly bacteria that causes melioidosis detected in Mississippi water](#)

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[Protesting Dutch farmers dump manure, garbage on roads](#)

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WHO declares monkeypox a “global health emergency” with just FIVE deaths in the world and 99% of cases afflicting homosexuals

Tuesday, July 26, 2022 by: [Ethan Huff](#)

([Natural News](#)) World Health Organization (WHO) Director-General Tedros Adhanom Ghebreyesus [has decided](#) to declare monkeypox, aka *PridePox*, a “global health emergency” even though less than half a dozen people have supposedly died worldwide, not to mention the fact that nearly every “case” of the diseases involve homosexual behavior.

Rather than simply tell men who prefer sexual relations with other men to stop engaging in their perversions, Ghebreyesus appears to instead be laying the foundation for the implementation of yet another global *plandemic* – assuming people fall for it a second time, that is.

While Ghebreyesus admits that *PridePox* primarily spreads “*among men who have sex with men, especially those with multiple sexual partners*,” he is urging governments not to “*discriminate*” against them when creating the groundwork for more medical fascism.

“*Stigma and discrimination can be as dangerous as any virus*,” Ghebreyesus stated nonsensically.

Since the so-called “Omicron” (*Moronic*) variant of the Wuhan coronavirus (COVID-19) was not successful at scaring enough people into more lockdowns and mask mandates, WHO seems to have moved on to *PridePox* in the hopes that it will scare enough people into more mindless compliance with tyranny.

“*Anyone who lived through the '80s has seen this movie before*,” commented someone about how *PridePox* is being introduced in a similar way as AIDS first was, once against using LGBTs as the spreaders.

Gays who contracted monkeypox and other STDs at Pride events now blame the government for their deviant behavior.

A division director at the Open Society Foundation, which is run by billionaire globalist George Soros, who is [now suffering](#) from *PridePox* after having sex with multiple men at New York City’s recent Pride event says the government is not doing enough to help him and his fellow LGBTs to overcome the disease.

Sebastian Köhn says he was fully aware of the fact that *PridePox* was spreading before attending the celebration of sin, but proceeded to attend and engage in homosexual behavior regardless. He now has not only *PridePox* by also gonorrhea.

“*I was aware that monkeypox was an emerging issue – especially for gay men – but I was also under the impression that the number of cases in the city was relatively small*,” Köhn whined.

“*What I didn’t understand was how absolutely dismal testing capacity was: at that point, the city only had [the] capacity to process ten tests a day.*”

Over the weekend at Pride, Köhn admits he had sex with “several guys,” and not long after started feeling very tired and feverish. He developed chills and muscle aches, as well as swollen lymph nodes that “*were so swollen they were protruding two inches out of my throat.*”

Rather than admit that his own sexual escapades are to blame for his new illnesses, Köhn is blaming Big Brother for “allowing” monkeypox and gonorrhea to happen to him.

“This whole thing just feels like a huge failure that should not have been allowed to happen, especially not two and half months into the outbreak,” Köhn complained.

“If someone like me, who has worked in sexual health for a long time, had such a hard time navigating care, I can’t imagine other people doing it. I know several people who are just sitting at home in agonizing pain because they’re not getting the support that they need.”

The Big Apple where Köhn developed both *PridePox* and gonorrhea is said to be the “epicenter” of the disease in the United States. About 30 percent of all cases nationwide, according to the New York Health Department, are [in the city](#).

Everything you need to know about monkeypox

JUL 29 Posted by [Editor, cairnsnews](#)
from Han Barkmeyer

Here the 9 pages that Pfizer was forced to release with around 1300 effects of their “vaccine”: <https://www.clarkcountytoday.com/wpcontent/uploads/2022/03/List-of-Adverse-Events.pdf>

On page 1, second from the top: ‘Acquired epidermolysis bullosa’
It looks very much like the Monkeypox.

Epidermolysis bullosa is a group of rare diseases that cause the skin to be fragile and to blister easily. Tears, sores, and blisters in the skin happen when something rubs or bumps the skin. They can appear anywhere on the body. In severe cases, blisters may also develop inside the body, such as in the mouth, esophagus, stomach, intestines, upper airway, bladder, and genitals.

Researchers know that acquired epidermolysis bullosa or epidermolysis bullosa acquisita is an autoimmune disease and the so-called “vaccines” are breaking down the natural immune system.

An interesting video: DR DAVID MARTIN – EVERYTHING YOU NEED TO KNOW ABOUT “MONKEY POX”

‘Monkeypox engineered to be vaccine-resistant’ at the 17:12 minute mark of the video.

<https://brandnewtube.com/watch/dr-david-martin-everything-you-need-to-know-about-quot-monkey-pox-quot-IZQvDFBdG62XrTm.html>

Watch the David Martin video and then this one where Gates is saying: *“We have to prepare for the next one (Monkeypox?), I would say... that will get attention this time.”*

Watch the smirks on the faces of Bill and Melinda.

<https://www.c-span.org/video/?c4916254/user-clip-bill-gates-attention-time>

Share this:

9-Year-Old With No Pre-existing Conditions Died 2 Weeks After Pfizer Shot, Latest VAERS Data Show

VAERS data released Friday by the Centers for Disease Control and Prevention show **1,357,940 reports of adverse events** from all age groups following COVID-19 vaccines, including **29,790 deaths** and **247,686 serious injuries** between Dec. 14, 2020, and July 22, 2022.

By [Megan Redshaw](#)

The Centers for Disease Control and Prevention (CDC) today released new data showing a total of [1,357,940 reports of adverse events](#) following [COVID-19](#) vaccines were submitted between Dec. 14, 2020, and July 22, 2022, to the Vaccine Adverse Event Reporting System (VAERS). That’s an increase of 6,990 adverse events over the previous week.

VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S.

The data included a total of [29,790 reports of deaths](#) — an increase of 155 over the previous week — and [247,686 serious injuries](#), including deaths, during the same time period — up 1,010 compared with the previous week.


Of the 29,790 reported deaths, [19,236 cases](#) are attributed to Pfizer’s COVID-19 vaccine, [7,917 cases](#) to Moderna, [2,584 cases](#) to Johnson & Johnson (J&J) and [no cases](#) yet reported for Novavax.

Excluding “[foreign reports](#)” to VAERS, [848,094 adverse events](#), including [13,805 deaths](#) and [86,604 serious injuries](#), were reported in the U.S. between Dec. 14, 2020, and July 22, 2022.

[Foreign reports](#) are reports foreign subsidiaries send to U.S. vaccine manufacturers. Under U.S. Food and Drug Administration (FDA) regulations, if a manufacturer is notified of a foreign case report that describes an event that is both serious and does not appear on the product’s labeling, the manufacturer is required to submit the report to VAERS.

Of the 13,805 U.S. [deaths reported](#) as of July 22, 7% occurred within 24 hours of vaccination, 15% occurred within 48 hours of vaccination and 54% occurred in people who experienced an [onset of symptoms](#) within 48 hours of being vaccinated.

In the U.S., 601 million COVID-19 vaccine doses had been administered as of July 20, [including](#) 355 million doses of Pfizer, 227 million doses of Moderna and 19 million doses of Johnson & Johnson (J&J).

 National Vaccine Information Center Your Health. Your Family. Your Choice.		
Search Results		
From the 7/22/2022 release of VAERS data:		
Found 1,357,940 cases where Vaccine is COVID19		
Government Disclaimer on use of this data		
Table		
Event Outcome	Count	Percent
Death	29,790	2.19%
Permanent Disability	55,719	4.1%
Office Visit	200,580	14.77%
Emergency Room	121	0.01%
Emergency Doctor/Room	132,557	9.76%
Hospitalized	169,730	12.5%
Hospitalized, Prolonged	421	0.03%
Recovered	352,027	25.92%
Birth Defect	1,129	0.08%
Life Threatening	33,124	2.44%
Not Serious	632,985	46.61%
TOTAL	† 1,608,183	† 118.43%
† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is why the Total Count is greater than 1,357,940 (the number of cases found), and the Total Percent is greater than 100.		

Every Friday, [VAERS](#) publishes vaccine injury reports received as of a specified date. Reports submitted to VAERS require further investigation before a causal relationship can be confirmed.

Historically, VAERS has been shown to report only [1% of actual vaccine adverse events](#). [\[This could be as great as 49X times what is reported\]](#)

U.S. VAERS data from Dec. 14, 2020, to July 22, 2022, for 6-month-olds to 5-year-olds show:

- [2,429 adverse events](#), including [81 cases rated as serious](#) and [3 reported deaths](#).

- [4 reports](#) of myocarditis and pericarditis (heart inflammation). The CDC uses a [narrowed case definition](#) of “myocarditis,” which [excludes cases](#) of cardiac arrest, [ischemic strokes](#) and deaths due to heart problems that occur before one has the chance to go to the emergency department.
- [15 reports](#) of blood clotting disorders.
- [23 reports](#) of seizures.

U.S. VAERS data from Dec. 14, 2020, to July 22, 2022, for 5- to 11-year-olds show:

- [12,232 adverse events](#), including [313 rated as serious](#) and [9 reported deaths](#).
The most recent reported death involves a 9-year-old girl (VAERS I.D. [2377304](#)) from California who died two weeks after receiving her first dose of Pfizer’s COVID-19 vaccine. The child experienced abdominal pain, sore throat and chest pain during the 2-3 days before she died, according to the VAERS report, which did not indicate any pre-existing conditions.
- [24 reports](#) of myocarditis and pericarditis.
- [47 reports](#) of blood clotting disorders.
- [101 reports](#) of seizures.

U.S. VAERS data from Dec. 14, 2020, to July 22, 2022, for 12- to 17-year-olds show:

- [32,835 adverse events](#), including [1,849 rated as serious](#) and [44 reported deaths](#).
- [62 reports](#) of anaphylaxis among 12- to 17-year-olds where the reaction was life-threatening, required treatment or resulted in death — with 97% of cases attributed to [Pfizer’s vaccine](#).
- [657 reports](#) of myocarditis and pericarditis with [645 cases](#) attributed to Pfizer’s vaccine.
- [165 reports](#) of blood clotting disorders with all cases attributed to Pfizer.
- [20 cases](#) of postural orthostatic tachycardia syndrome (POTS) with [all cases](#) attributed to Pfizer’s vaccine.

U.S. VAERS data from Dec. 14, 2020, to July 22, 2022, for all age groups combined, show:

- 20% of deaths were related to cardiac disorders.
- 54% of those who died were male, 41% were female and the remaining death reports did not include the gender of the deceased.
- The [average age](#) of death was **73**.
- As of July 22, [5,670 pregnant women](#) reported adverse events related to COVID-19 vaccines, including [1,772 reports of miscarriage or premature birth](#).
- Of the [3,623 cases of Bell’s Palsy](#) reported, 51% were attributed to [Pfizer](#) vaccinations, 40% to [Moderna](#) and 8% to [J&J](#).

- [900 reports of Guillain-Barré syndrome](#), with 42% of cases [attributed to Pfizer](#), 30% to [Moderna](#) and 27% to [J&J](#).
- [2,293 reports](#) of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.
- [1,743 reports](#) of myocardial infarction.
- [14,254 reports](#) of blood-clotting disorders in the U.S. Of those, [6,378 reports](#) were attributed to Pfizer, [5,112 reports](#) to Moderna and [2,718 reports](#) to J&J.
- [4,273 cases](#) of myocarditis and pericarditis with [2,619 cases](#) attributed to Pfizer, [1,450 cases](#) to Moderna and [188 cases](#) to J&J.
- [14 cases](#) of Creutzfeldt-Jakob disease with [8 cases](#) attributed to Pfizer, [5 cases](#) to Moderna and [1 case](#) to J&J.
- [270 cases](#) of POTS with [165 cases](#) attributed to Pfizer, [87 cases](#) to Moderna and [17 cases](#) to J&J.

[Children's Health Defense](#) (CHD) asks anyone who has experienced an adverse reaction, to any vaccine, to file a report following [these three steps](#).

Woman develops rare acute kidney failure after first Pfizer dose

A woman [developed a rare case](#) of acute kidney renal failure — linked to antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis (AAV) — a few days after receiving her first dose of Pfizer-BioNTech's COVID-19 vaccine.

According to a [case study](#) published July 18 in Nephron, a previously healthy 47-year-old woman presented to a primary care clinic for bilateral flank pain, generalized weakness and bilateral lower extremity swelling that started three days after her first Pfizer shot.

[AAV](#) is a group of diseases characterized by the destruction and inflammation of small vessels. The condition occurs when [neutrophils](#) attack small and medium vessels of the body, which can affect several organs, such as the kidney, stomach, intestine and lungs.

This case adds to [previous reports](#) suggesting COVID-19 vaccines may, in rare instances, promote the development or worsening of autoimmune diseases, such as AAV, from their silent state, according to Patricia Inacio, Ph.D., who [summarized](#) the report for ANCA Vasculitis News.

"Rarely, autoimmune processes have been described post-vaccination. AAV is an example of an autoimmune disease that can be induced or flared up from a silent state by COVID-19 vaccines," the [authors concluded](#). "A high index of suspicion regarding the presence of an autoimmune renal process is needed whenever a recently COVID-19-vaccinated individual presents for acute kidney injury."

43% of parents 'definitely' won't vaccinate young kids for COVID

According to [survey results](#) released Tuesday, 43% of U.S. parents of children under 5 will “definitely not” give their child a COVID-19 vaccine amid concerns the vaccine poses a greater risk to kids than the virus.

The [survey](#), published by the Kaiser Family Foundation, found that 27% of parents said they would “wait and see,” while another 13% said they would have their children vaccinated only if required to do so for school or childcare.

Even parents who were vaccinated against COVID-19 said they would not give permission for their youngest children to get vaccinated.

When asked why they will not vaccinate their eligible child under 5 “right away,” parents cited *“concerns about the newness of the vaccine and not enough testing or research, concerns over side effects and worries over the overall safety of the vaccines.”*

CDC used flawed data to justify authorizing COVID-19 vaccines for kids
A CDC official used data from a flawed [preprint study](#) that [exaggerated the risk of death](#) for children from COVID-19 in her presentations to CDC and FDA advisors who were responsible for recommending Pfizer and Moderna’s vaccines for infants and young children.

The [study](#), first published May 25 on the medRxiv preprint server, was authored by a group of U.K. researchers. On June 28, the authors published a [revised version](#) of the study, after critics questioned some of their original findings.

“It’s really disturbing that data this poor made its way into the meetings to discuss childhood COVID and that it took me less than a few minutes to find a major flaw (and then I found many more as I looked deeper),” said Kelley K, who was the first to point out some of the study’s flaws on her website [COVID-Georgia.com](#).

After learning of Kelley’s analysis, [The Defender](#) reviewed the original preprint, confirmed Kelley’s findings and uncovered additional flaws in the original preprint and also in the June 28 revised version.

CHD demands D.C. schools rescind COVID vaccine mandate

Robert F. Kennedy, Jr., chairman and chief legal counsel for [CHD](#), in a [letter](#) to the superintendent of the District of Columbia school system [threatened to sue](#) the school district unless it rescinds its recently announced COVID-19 vaccine mandate for students ages 12 and up.

State Superintendent of Education Christina Grant [announced](#) on July 19 that student immunization requirements for the upcoming 2022-2023 school year will include the COVID-19 vaccine for all students who are of an age for which there is

a vaccine fully approved by the FDA now that the FDA has [fully approved](#) the Pfizer-BioNTech vaccine for individuals 12 to 15 years old.

D.C. law [requires students](#) in all area schools, including private, parochial and independent schools, to be fully compliant with mandated vaccinations, unless they have an approved exemption. The law also requires schools to verify immunization certification for all students.

The requirement was [detailed in a law](#) the D.C. Council approved last year and is the first legislation of its kind in the region.

Although courts have upheld many childhood vaccination requirements for licensed and approved vaccines, no court has ever upheld a mandate for schoolchildren for an [Emergency Use Authorization](#) vaccine, according to Kennedy.

New Documentary Exposes WHO's 'Diabolical' Plan to Use Vaccines to Reduce Global Population

"Infertility: A Diabolical Agenda" details the World Health Organization's intentions to produce an anti-fertility vaccine in response to perceived overpopulation, and how such vaccines have been used — without people's knowledge or consent — since the mid-'90s.

By [Dr. Joseph Mercola](#)

Story at a glance:

- *"Infertility: A Diabolical Agenda,"* produced by Dr. Andrew Wakefield and Children's Health Defense, details the World Health Organization's (WHO) intentions to produce an anti-fertility vaccine in response to perceived overpopulation, and how such vaccines have been used — without people's knowledge or consent — since the mid-'90s.
- The WHO has been caught more than once deliberately deceiving women into thinking they were vaccinated against tetanus, when in fact they were being sterilized.
- The film clearly illustrates the depopulation agenda is not a conspiracy theory. It's reality, and it's happening worldwide. The human papillomavirus (HPV) vaccine and the COVID-19 shots also have adverse impacts on fertility that are being ignored.
- In the decade after the rollout of the HPV vaccine, the teen pregnancy rate dropped by 50%.
- While the Vaccine Adverse Event Reporting System (VAERS) is the only publicly available system to assess COVID jab injuries, the U.S. government has at least 10 other reporting systems they're not sharing data from. Children's Health Defense is filing Freedom of Information Act (FOIA) requests for the other systems to get a better idea of the scale of harm, but VAERS and anecdotal reports alone suggest the scale of injuries

and deaths is enormous. Data from insurance companies around the world also confirm this.

In the interview below, Dr. Andrew Wakefield and [Mary Holland](#), president and chief legal counsel for [Children's Health Defense](#), discuss their new documentary film, ["Infertility: A Diabolical Agenda."](#)

"Infertility: A Diabolical Agenda" is Wakefield's fourth film. The first was *"Who Killed Alex Spourdalakis?"* followed by *"Vaxxed"* and *"1986: The Act."*

This latest film details the WHO's intentions to produce an anti-fertility vaccine in response to perceived overpopulation, and how such vaccines have been used without people's knowledge or consent since the mid-'90s.

"It's a very important story, and it's a story that I'd been aware of for some years," Wakefield says. "I think a lot of people heard about this intentional infertility vaccine program being conducted, primarily in women in developing countries such as Africa. But it had gone into abeyance so I hadn't paid due attention."

"I should have paid more attention to it, because people had asked me over the years, 'Do you think there is a population control agenda?' ..."

"The allegation had been that the World Health Organization, under the guise of a neonatal tetanus prevention program, had been deliberately sterilizing women [in Kenya] — either using a vaccine to abort existing pregnancies or to prevent future pregnancies. They had done this under the guise of protecting children rather than actually reducing the population."

As explained by Wakefield, it was no secret that the WHO had been working on an anti-fertility vaccine since the 1970s. [Papers were published](#), and the WHO itself even admitted it. The real issue here is that of informed consent.

The WHO has been caught more than once deliberately deceiving women into thinking they were vaccinated against tetanus, when in fact they were being sterilized. This is an ethical and moral low that is hard to beat.

Covert sterilization campaign in the Philippines revealed.

The story detailed in this film begins in 1995 when the Kenyan government launched a WHO vaccination campaign against tetanus among women of childbearing age.

Dr. Stephen K. Karanja, former chairman of the Kenya Catholic Doctors Association, became suspicious of the program when he learned that involuntary sterilization programs posing as tetanus programs had occurred.

That same year, 1995, the Catholic Women's League of the Philippines actually won a court order [halting a UNICEF tetanus program](#) that was using tetanus vaccine laced with hCG. Anti-hCG-laced vaccines had also been found in at least four other countries.

This anti-hCG-laced tetanus vaccine perfectly matched the anti-fertility vaccine the WHO had announced in 1993.

The paper trail reveals that by 1976, WHO researchers had successfully conjugated, meaning combined or attached, human chorionic gonadotropin (hCG) onto tetanus toxoid, used in the tetanus vaccine.

As a result, when given to a woman, she develops antibodies against both tetanus and hCG.

HCG is a hormone that is produced as soon as the sperm enters the egg and the embryo begins to form. In response to this signal, the woman's ovaries then produce progesterone, which maintains the pregnancy to term.

The conjugated vaccine effectively ends and prevents pregnancy as her own immune system will immediately attack and destroy the hCG as soon as it forms. At the time, Karanja, who passed away in 2021, convinced leaders of the Catholic Church — one of the largest health care providers in Kenya — to test the tetanus vaccine being given, to make sure there was no foul play.

Without explanation, the WHO abandoned the 1995 campaign, but in 2014, they were back with a neonatal tetanus program.

A Diabolical Agenda

Girls and women, 15 to 49 years of age, were instructed to get vaccinated with a series of five injections, six months apart. Suspiciously, this is the exact schedule required for the anti-fertility vaccine to produce sterility.

Regular tetanus prevention requires only one injection every five to 10 years, and under no circumstance would you need five of them.

The Catholic Church decided to test the vaccines and collected three sample vials directly from clinics during the 2014 campaign.

The samples were tested by three independent laboratories and, as feared, they contained hCG. Another six vials were then collected and tested. This time, half were found to contain hCG.

When the Catholic Church went public with the findings, urging girls and women to not comply with the vaccination campaign, the Kenyan government went on the defensive, insisting there was nothing wrong with the vaccine.

Wakefield says:

"They used the media to demonize the Catholic Church and insinuate there had been deliberate contamination of these samples with hCG to produce the result they wanted."

"That's where it remained until — and this is where it gets really interesting and where the film really comes into its own — our cameras were invited back into the laboratory where these tests were done ... [and] the truth was revealed."

"It came down to a resolution of this key question of who was lying and who was being honest? Who was cheating, who was not? It's really an extraordinary story that woke me up to the importance of this issue. There is an extraordinary prophetic statement at the end from the late Dr. Karanja, OBGYN from Africa. who was at the heart of all of this."

"He said, 'When they are finished with Africa they're coming for you' ... That's probably a pertinent place to hand over to Mary, because never could a prophecy have been more apt, more true."

Depopulation Agenda is Now a Conspiracy Fact

Holland continues:

"It's been very hard to answer ... when people would ask us, 'Is there a depopulation agenda?' People would point to things Bill Gates said, like how vaccines would reduce the population. There was an interpretation that it was going to make people healthier, and therefore they would choose not to have more children."

"It was murky. I think this film really helps us understand that this is not a conspiracy theory. It's an absolute reality ... The film makes that 100% clear. There's just no question about it. And you see the deceit and deception. Just to point out, the Rome statute for the International Criminal Court that most countries of the world have signed onto ... makes forced sterilization a war crime."

"This is not a trivial thing, to deprive people of informed consent and to sterilize them. That's exactly what happened. One of the interviews in the film that is so poignant is of a woman who cannot carry a pregnancy to term. She comes to realize that she has antibodies to hCG, and she realizes that somebody, somewhere, made her infertile. It is, as she calls it, a diabolical agenda ..."

"We can now look back at what happened with the HPV vaccine, which I co-wrote a book about in 2018. One of the things we saw was that ... the teen pregnancy rate dropped 50% from 2007 to 2018 — 50%! Now, whatever one wants to think about unplanned pregnancies, that is a staggering drop over 10 years."

“People were reporting extreme reproductive effects from the HPV vaccine. Now we’re hearing the same thing, only much more so, with respect to COVID shots. We’re hearing that women are having miscarriages, babies are literally dying from breastfeeding mothers who have been recently vaccinated.”

“Congenital deformities are being reported to the Vaccine Adverse Event Reporting System. It’s now, I think, beyond the realm of conspiracy theory to say it is very plausible that these vaccines that are being pushed on the world — particularly the COVID shots — have strong anti-fertility effects.”

Is there such a thing as vaccine safety?

It’s important to realize that no study has ever proven that any of the vaccines on the [childhood vaccination schedule](#) are safe, especially when given in various combinations. As noted by Wakefield, vaccine manufacturers and people like [Dr. Anthony Fauci](#) present “an almost kindergarten-like approach” to safety.

The blanket statement given is that vaccines in general, and the [COVID](#) shots in particular, are “safe and effective,” and that they have no adverse effects on [reproduction and fertility](#). This, despite the fact they’ve done no reproductive studies at all.

Women who hear such assurances will assume the necessary studies HAVE been done when, in fact, that’s a complete lie. The reality is, that you cannot find evidence of harm if you’re not looking for it.

Another reality is that assumptions and guesses about science are not the same as scientific evidence. One major assumption that has now turned out to be completely wrong is that the [mRNA injection](#) stays in the deltoid muscle, the site of injection.

“No one has ever sought to determine whether they remain at the site of injection or not, or whether they disseminate throughout the body, which of course they do,” Wakefield says. “So, it’s a naive and completely inappropriate assumption.”

“The other assumption that was completely inappropriate was making any assumption at all. You’re going to give this [shot] to seven billion people ... and you’re going to assume something about its safety? Then you discover, after giving it to the majority of that seven billion population, that you were completely wrong.”

“In fact, it goes throughout the body. The spike protein can be found in tissues throughout the body, including and in particular in the ovaries. There it can set up an inflammatory reaction, autoimmunity, damage and infertility. There is no question that is biologically plausible.”

“So here you have the mentality of these people, that after the horse has bolted, they are trying to shut the gate. If there is going to be damage, then the damage is done and it is too late. That is totally irresponsible and people need to know that.”

Wakefield further points out that no clinical trial for any of the vaccines on the childhood vaccination schedule has ever been tested against a true placebo. All have used active placebos, such as an aluminum injection or another vaccine, which effectively hides most of the adverse effects.

Interestingly, in some of the [COVID jab trials](#), they actually used a completely inert placebo (although some vaccine makers used another vaccine). But then note what happened.

Before the trial was over, they unblinded everyone and offered the jab to everyone in the placebo group, effectively eradicating the control group altogether! Then, they tried to bury the data under red tape for 75 years. Thankfully, a sensible judge didn't let them get away with it.

Wakefield says:

“They [Pfizer] knew there were problems. They had identified the problems doing the appropriate study, at least to start with, until they gave the crossover group the vaccine. Then they tried to hide the data because they knew it revealed the seriousness of the adverse reactions to their vaccine. The court overruled them and now those data are being analyzed, and they are terrifying.”

Stunning Abdication of Science

What's worse, the government has incentivized ignorance under the law. They have incentivized not knowing what the long-term effects are.

Holland adds:

“What's particularly stunning, in terms of the absolute abdication from science, is that the Centers for Disease Control and Prevention has said it's perfectly fine to co-administer the COVID shots with everything else on the childhood schedule. That is going to have untold horrific likely effects ...”

“Most pediatricians will say ‘Hey, the CDC says it's fine’ ... They are going to be co-administering these shots with other things, and there is no science to back that up. None.”

Unfortunately, the future looks grim in this regard, as the U.S. Food and Drug Administration (FDA) is now considering a *“Future Framework”* in which vaccine makers will be allowed to reformulate and release future COVID shots without any additional testing.

Clinical trials are easy to rig, to begin with, but now they won't even have to go through the trouble of fabricating desired results.

“And, of course there will be harmful effects on fertility,” Holland says. “I think it’s becoming very clear that we just have to reject all of this. It is corrupted to its core. It’s anti-human, I mean it’s truly anti-human. I think the reality that we’re in is becoming clearer.”

A hopeful note

Wakefield adds:

“To follow-up on that, a note of hope ... People coming to this anew may think that we’re in a terribly dark time. I see it differently, having been in this now for 30 years. When I started out, a handful of people around the world were prepared to debate the thorny issue of vaccine safety.”

“Now I read the other day that 70% of American adults have rejected the CDC’s recommended protocol for the COVID vaccine. They either didn’t get the first dose, they didn’t get the second dose, or they have refused to get the boosters, saying this is neither necessary nor is it safe.”

“Those people — 70% of American adults — according to mainstream media are anti-vaxxers. So, whether they know it or not, they’ve joined our team and the other side has lost.”

“This is a desperate, desperate measure; one hail Mary pass after another, and it’s failing very, very badly. For those of you who have not seen it from a historical perspective, take heart, because the world really is waking up in an extraordinary way ...”

“The silver lining of the dark cloud of COVID is that it has woken so many people ... There is an inevitability to what is happening here, and they will not get away with it for very much longer.”

We’ve Allowed the Creation of an Anti-Human World

As for those who insist they have no objections to childhood vaccines, only the COVID jab, Wakefield warns just about every vaccine safety advocate began by objecting to a single vaccine or single ingredient before realizing it isn’t that simple:

“We all came to the collective realization that this was far more complex than we had previously imagined. They were making it more and more complex by the year, adding more vaccines into the schedule, lumping them all together. As Mary said, the idea of these vaccines being safe in combination was one they’d never tested but merely assumed to be safe ...”

“We came to the realization that it is some cumulative toxicity, some interactive effect, some potentiation that is leading to this massive increase in, for example, neurodevelopmental or immunological disorders.”

“Had we been allowed to continue the research, any of us, all of us, we would have answers now. But we don’t have answers because the work was sabotaged at every turn, and now we are living in a state of greater ignorance than we were before.”

“We’re now living in a world of man-made diseases. It’s absolutely staggering. None of this need ever have happened, and yet here we are with all of these new conditions or new variants on an old theme, like regressive autism, that we did not see before. That is something that man has created.”

“Just as easily man could get rid of it if we took the initiative. That’s what, collectively, we have to do, and that’s what Children’s Health Defense is doing. They’re alerting people to this, waking them up, and it’s working.”

In addition to learning about the dangers of vaccines, people are also starting to learn more about other environmental toxins — [pesticides](#), genetically modified organisms ([GMOs](#)), [air pollution](#), water pollution, [artificial foods](#), [hormone-mimicking plastic chemicals](#) and more, all of which have adverse effects on health and reproductive capacity.

“I think most humans want to live in a pro-human environment,” Holland says. “And I think the corporate government world we’re in right now is genuinely anti-human.”

The scale of harm is staggering!

While [VAERS](#) is the only publicly available database collecting adverse vaccine reactions, the U.S. government has at least 10 other adverse event reporting systems that they’re not sharing data from.

Children’s Health Defense is filing FOIA requests for the other systems to get a better idea of the scale of harm, but VAERS and anecdotal reports alone suggest the scale of injuries and deaths is enormous. Data from insurance companies around the world also confirm this.

Holland notes:

“In 2021, from one life insurance company in the United States, an Indiana company, we know that 18 to 64-year-olds suffer a 40% excess death rate. They said a 10% shift would be a 1 in 200-year occurrence. A 40% shift is beyond catastrophic, and that’s what we’re looking at. These are secrets that can’t be hidden.”

Panafrican Congress is Pushing Back

Another piece of positive news is that a Panafrican Congress that was recently convened is starting to push back against the WHO. And, if the WHO were to be banned from a continent like Africa, it would be game over for them.

Holland explains:

“The WHO is following a two-track course to get to what they say, in 2024, will be a new international treaty, which basically will put the WHO at the center of global health and governance de facto. One track was through U.S.-proposed international health regulations.”

“The U.S. proposed 12 regulations in December 2021 that would put the WHO at the center of these things and put in place very draconian regulations that would allow the WHO to supersede any decisions at the national government level. In a vote on those new international health regulation amendments, 47 African countries rejected all of them.”

“Africa really led the way in saying ‘No, we don’t trust the WHO, we don’t want the WHO in this role.’ That’s very exciting because Africa absolutely has been exploited in every which way by the WHO and their pharmaceutical industry partners. I don’t think the WHO agenda is dead. We still have a lot of work to do.”

“But clearly, we did have on Saturday an African sovereignty coalition launch, which you can see on the Children’s Health Defense TV website. There were activists, advocates, physicians, scientists from all over Africa, and then supporters from around the world. It’s very exciting. I think Africa is sending a message loud and clear we will not put up with this ...”

“We’ll take it one day at a time, but I believe the WHO and its backers will fail, and certainly many people around the world, Children’s Health Defense included, are working on lawsuits to prove there’s fraud going on here, this is criminal activity. Certainly, the authorization for [young] children [is a criminal act].”

“We’re going to amend the lawsuit we have, which is to contest the jabs for 5 to 11-year-olds that the FDA authorized. We’ll just amend that for these younger children. This is devastating, this is a crime against humanity. There is no justification for young children getting these shots. They are not at risk of serious injury or death from COVID, but they certainly are at risk from these shots.”

Can the Judicial System be Trusted?

Speaking of [lawsuits](#), many legal actions over the past two years have failed, but Holland, who is the chief legal counsel for Children’s Health Defense, is optimistic because courts tend to shift with public opinion.

She’s noticed courts are becoming increasingly receptive to the notion that there may be fraud going on with the COVID jabs, and that conflicts of interest play a role.

For example, two judges in New York who were assigned to cases she was representing were recently forced to recuse themselves, after it became known they owned between \$50,000 and \$500,000 in [Pfizer stock](#).

“I think we’re likely to see many more successful lawsuits going forward in the next two years than in the last two years,” she says. “I think the population is coming to understand that there are conflicts of interest that prevent these people from being unbiased.”

“I think it’s a question of time, and I think we’re in a race against time, but I do believe that lawsuits are likely to be more successful as time goes on and I think we’re already seeing that. We struck down the OSHA mandate, we struck down the mask mandates in airline transportation, we got access to the Pfizer documents. I think there’s more good news coming from the courts, I really do.”

The home run, judicially speaking, would be if we could prove vaccine makers committed fraud or “willful misconduct,” as that would eliminate all of their protections against prosecution and liability. The COVID jabs are authorized for emergency use under the [2005 PREP Act](#) — which Holland believes is unconstitutional — and under that law, willful misconduct must be proven by “clear and convincing evidence.”

“I believe that at this point we’re getting very, very close to that threshold where we can prove willful misconduct by clear and convincing evidence,” she says.

“At that point, I think it will be clear to the whole population that it’s the liability protection on the back end and the mandates at the front end that makes this whole enterprise possible. I think there are serious attacks on both of those, and by the time the whole truth comes out, the whole vaccine paradigm disappears.”

“I think it’s in our sights, I really do. I think the health of the unvaccinated is overwhelmingly superior to the health of the vaccinated, and that story’s coming out. Children’s Health Defense is coming out with a book this fall by Dr. Brian Hooker and Robert F. Kennedy Jr., about the science showing how much healthier unvaccinated people are.”

“I think the truth is coming out, and I think the stakes are very high for the next couple years. But I really do believe that at the end of these couple years we will be in a whole new paradigm of vaccines and health. People have seen enough about the bad side of COVID shots that they are now open to this. I think we’re likely to see a sea change.”

In closing, if you didn’t watch the film yesterday, set aside 30 minutes to do it now. And, be sure to watch it all the way to the end.

The final 10 minutes include an update on the Kenya story, a review of what happened with the [HPV vaccine](#), and an overview of what we know about the COVID shots' potential impacts on fertility.

It's important to realize that this depopulation agenda didn't begin and end in Kenya. It's happening worldwide.

More Movies Are Coming

Wakefield's fifth film is already in preproduction and should be ready for release next year. This one will be a full-length narrative feature about the childhood vaccination schedule.

It was co-written by Terry Rossio, who also wrote *"Shrek," "Pirates of the Caribbean," "Aladdin"* and other well-known movie productions.

"It's a very powerful film, it will really move the mindset," Wakefield says. "It will take those who have been awoken by the issue of COVID vaccines across the bridge from the adult vaccine schedule to the realization that this has been happening in the childhood vaccine schedule since the very beginning. It's a very, very important film."

Children's Health Defense will also be coming out with a film version of Robert F. Kennedy Jr.'s book, ["The Real Anthony Fauci."](#) That will be coming out later this year for which I was interviewed.

The U.S. Food and Drug Administration has now Authorized a Fourth COVID-19 Vaccine for Adults.

On Wednesday, the agency issued an [emergency use authorization for the Novavax vaccine](#) for adults.

The vaccine will be given in two doses and administered 21 days apart. However, the decision will now go to the Centers for Disease Control and Prevention and its advisory committee for recommendation on how the shots should be used.

The U.S. has already secured 3.2 million doses of the vaccine, according to the Biden Administration.

USF Health's Dr. Michael Teng believes we need more vaccines, because we need a better way of vaccinating.

"If we're going to have really effective vaccination, it's always not the first generation that works, but the second generation vaccine," Teng said. "The whole idea is to have a wide array of vaccines out there that everybody feels confident in."

This latest vaccine comes as the BA.5 Omicron variant accounts for [65 percent of all COVID infections](#) in the U.S.

The sub variant also makes up [66.5 percent of infections in the Southeast](#) portion of the country, which includes Florida.

“You get progressively better at making a more effective vaccine over time,” Teng said. “Each generation of the vaccine gets better. It’s like software.”

Pfizer Annual Revenue Doubled — to \$81.3 Billion — Thanks to COVID Vaccines

Not only did Pfizer’s COVID-19 vaccines double the company’s annual revenue, but they also gave the drug maker unique weight in determining U.S. health policy — something that concerns even staunch vaccine-pushers like Dr. Paul Offit.

By Dr. Joseph Mercola

Story at a glance:

- The COVID-19 pandemic has been a real boon to Pfizer. Not only has it doubled Pfizer’s annual revenue, but it has also given the drug maker unique weight in determining U.S. health policy — something that concerns even staunch vaccine-pushers like Dr. Paul Offit.
- Pfizer’s revenue in 2021 was \$81.3 billion — approximately double that of 2020 — and the COVID shot accounted for \$36.78 billion of that.
- Pfizer’s COVID jab dominates 70% of the U.S. and European markets, and Paxlovid, its COVID drug, has become a standard treatment choice in hospitals. This despite findings showing the shot doesn’t prevent infection or transmission, and that Paxlovid causes severe rebound and supercharges mutations.
- The U.S. had thrown away 82.2 million expired COVID jab doses as of mid-May, yet the Biden administration ordered another 105 million doses at the end of June for a fall booster campaign that will cost taxpayers \$3.2 billion.
- Pfizer’s contracts are almost exclusively slanted in Pfizer’s favor. They’re guaranteed payment while having no financial liability for injuries and deaths, and it appears this indemnification applies even if they were to be found guilty of fraud.

According to [Kaiser Health News](#) (KHN), the COVID-19 pandemic has been a real boon to Pfizer. Not only has it yielded “outsized benefits” in terms of profits, but it has also “given the drug maker unusual weight in determining U.S. health policy.”



“Based on internal research, the company’s executives have frequently announced the next stage in the fight against the pandemic before government officials have had time to study the issue, annoying many experts in the medical field and leaving some patients unsure whom to trust,” KHN reporter [Arthur Allen writes](#), adding:

“When last year Bourla suggested that a booster shot would soon be needed, U.S. public health officials later followed, giving the impression that Pfizer was calling the tune.”

“Some public health experts and scientists worry these decisions were hasty, noting, for example, that although boosters with the mRNA shots produced by [Moderna and Pfizer-BioNTech](#) improve antibody protection initially, it generally doesn’t last.”

“Since January, Bourla has been saying that U.S. adults will probably all need annual booster shots, and senior FDA [U.S. Food and Drug Administration] officials have indicated since April that they agree. ...”

“The company’s power worries some vaccinologists, who see its growing influence in a realm of medical decision-making traditionally led by independent experts. ...”

“When President Biden in September 2021 offered boosters to Americans — not long after [Pfizer CEO Albert] Bourla had recommended them — [Dr. Paul Offit](#), director of the Vaccine Education Center at Children’s Hospital of Philadelphia ... wondered, ‘Where’s the evidence you are at risk of serious disease when confronted with [COVID](#) if you are vaccinated and under 50?’”

“Policies on booster recommendations for different groups are complex and shifting, Offit said, but the CDC [Centers for Disease Control and Prevention], rather than Bourla and Pfizer, should be making them.”

“‘We’re being pushed along,’ he said. ‘The pharmaceutical companies are acting like public health agencies.’”

The fact that a vaccine-pusher like Offit — infamous for claiming a baby can safely tolerate 10,000 vaccines at once — is questioning and pushing back against Pfizer’s influence over health policy reveals just how brazen, unethical and potentially dangerous that is.

Massive profits made from useless products

According to Allen, Pfizer’s revenue in 2021 was \$81.3 billion — approximately double that of 2020 — and the COVID shot accounted for \$36.78 billion of that.

For comparison, Lipitor, Pfizer’s previous top-selling statin, generates roughly \$2 billion a year, while their strep vaccine, Prevnar 13 rakes in \$6 billion a year.

Its mRNA gene transfer injection against COVID now dominates 70% of the U.S. and European markets, and Paxlovid, Pfizer’s COVID drug, has become a standard treatment choice in hospitals. This, despite researchers finding Paxlovid (molnupiravir) causes severe rebound and supercharges mutations. In a rational scenario, that finding would have put a stop to its use, but no.

In an official health advisory to the public, issued May 24, the CDC first warns that Paxlovid is associated with “recurrence of COVID-19 or ‘COVID-19 rebound,’” and then in the very next sentence stresses in bold print a narrative supporting its use and enriching Pfizer with instructions saying:

“Paxlovid continues to be recommended for early-stage treatment of mild to moderate COVID-19 among persons at high risk for progression to severe disease.”

Allen also notes that, during an investor call, a Pfizer official highlighted reports of Paxlovid’s failure, but spun it into “good news” for investors, as patients may require multiple courses!

Obviously, the objective has long ago shifted from helping humans to raping them for as much profit as possible.

Similarly, while Pfizer’s COVID jab clearly doesn’t prevent infection or spread, and Americans are rejecting the shots in growing numbers — 82.2 million doses had expired and were chucked in the trash as of mid-May — the U.S. government still went ahead and ordered another 105 million doses at the end of June.

These are intended for a [fall booster campaign](#), at a [cost to taxpayers of \\$3.2 billion](#). The U.S. is actually paying about 50% more for each of these new job boosters this time around — \$30.47 per dose compared to \$19.50 per dose paid for the first 100 million doses.

The U.S. government has also promised to purchase another 20 million courses of [Paxlovid](#), at an eye-watering cost of \$530 per five-day course.

Basically, Pfizer is being financially rewarded for producing products that are useless at best and dangerous at worst, and we're all paying for it. In case you're curious, that is another \$10.6 billion transferred from U.S. taxpayers to Pfizer.

Future boosters won't undergo human clinical trials

After you likely thought it couldn't ever get any worse, KHN also touches on, but doesn't delve into, the fact that Pfizer suggested they skip human trials as they move forward with jabs that are reformulated for newer variants.

If this strikes you as crazy, you'd be right. It's sheer madness, but the [FDA](#) — a captured agency — has already surreptitiously agreed to this egregious miscarriage of science. This is criminal insanity!

How this wicked scheme, known as the “[Future Framework](#),” was [adopted by the FDA](#) without a formal vote is explained by Toby Rogers, Ph.D. — a political economist whose research focus is on regulatory capture and [Big Pharma](#) corruption — in the video below.

He also explained it in a June 29 [Substack article](#):

“Yesterday [June 28], the FDA’s Vaccines and Related Biological Products Advisory Committee [VRBPAC] approved a bivalent COVID-19 shot with the Wuhan strain and the Omicron variant. ... Wait, hold up, I thought the FDA was voting on the Future Framework yesterday?”

“The policy question was whether reformulated COVID-19 shots would be treated as new molecular entities (which they are) in which case they should be subject to formal review or whether reformulated shots would be treated as ‘biologically similar’ to existing COVID-19 shots and be allowed to skip clinical trials altogether.”

“Apparently the FDA did not have the votes to just pass this as a policy question. If you ask anyone whether reformulated mRNA represents a new molecular entity, well of course it is, so that would require formal regulatory review.”

“What the FDA did instead was to smuggle the policy question in disguised as a vote about reformulated ‘boosters’ for the fall.”

“In essence, the FDA just started doing the Future Framework (picking variants willy nilly, skipping clinical trials) and essentially dared the committee members to turn down a booster dose — knowing that all of the VRBPAC members are hand-picked because they’ve never met a vaccine they did not like.”

“So of course only two people on the committee had the courage to turn down a booster dose — even though it was based on this preposterous process (that was never formally adopted) where there was literally no data at all. ...”

“By stealth, the FDA replaced a system based on evidence with a system based entirely on belief.”

Countries held to ransom

In 2021, secret details of Pfizer’s contracts came to light, showing they are essentially [holding countries hostage](#) to non-negotiable demands for payment in full AND freedom from liability.

In late February 2021, The Bureau of Investigative Journalism reported that Pfizer was [demanding countries put up sovereign assets](#) as collateral for expected vaccine injury lawsuits resulting from its COVID-19 jab.

Several countries, including Brazil, Chile, Colombia, the Dominican Republic and Peru, agreed to this demand, putting up bank reserves, military bases and embassy buildings as collateral.

In short, these governments are guaranteeing Pfizer will be compensated for any expenses resulting from injury lawsuits against it, so the company won’t lose a dime if its COVID shot injures people.

Shockingly, these terms are binding even if those injuries are the result of negligent company practices, fraud or malice!

In October of that same year, [Public Citizen published](#) the secret [contracts between Pfizer](#) and Albania, Brazil, Colombia, Chile, Dominican Republic, the European Commission, Peru, the U.S. and the U.K., further revealing the extent to which these countries handed power over to Pfizer.

In almost all scenarios, Pfizer’s interests come first.

For example, government purchasers must acknowledge that the effectiveness and safety of the shots are completely unknown, all while indemnifying Pfizer against any and all financial liability.

This is the ultimate corporate maleficence, using their leverage to force the kill shot down these countries’ throats and avoiding any personal responsibility for damages.

Even if Pfizer eventually is convicted of fraud in the U.S. and loses all its liability protection from the COVID jabs because of it, that judgment would not impact these foreign contracts. These countries sold their souls to Pfizer and have absolutely no recourse but to pay even if the shots kill everyone.

The contracts for at least four countries also secure Pfizer's intellectual property rights even if the company is found to have stolen the intellectual property (IP) rights of others. In such a case, the government purchaser becomes the liable party.

As explained by Public Citizen:

"For example, if another vaccine maker sued Pfizer for patent infringement in Colombia, the contract requires the Colombian government to foot the bill. Pfizer also explicitly says that it does not guarantee that its product does not violate third-party IP, or that it needs additional licenses."

"Pfizer takes no responsibility in these contracts for its potential infringement of intellectual property. In a sense, Pfizer has secured an IP waiver for itself. But internationally, Pfizer is fighting similar efforts to waive IP barriers for all manufacturers."

Equally shocking is that countries are forced to follow through on their [vaccine orders](#) even if other drugs or treatments emerge that can prevent, [treat or cure COVID-19](#).

Is it any wonder, then, that governments around the world have suppressed the use of safe and effective outpatient drugs like [hydroxychloroquine](#) and [ivermectin](#)?

If these drugs were allowed to be used and could be proven to work, the COVID injections would be completely unnecessary and their emergency use authorization would disappear, yet governments are on the hook for hundreds of millions of doses.

Pfizer has 'habitual offender' track record

The fact that Pfizer has behaved like a criminal who works out a cover story for a planned murder before committing it is not surprising, considering its history. Pfizer has been sued in multiple venues over unethical behavior, including unethical drug testing and [illegal marketing practices](#).

In his 2010 paper, "Tough on Crime? Pfizer and the CIHR," Robert G. Evans, Ph.D., emeritus professor at Vancouver School of Economics, described Pfizer as "a '[habitual offender](#),' persistently engaging in illegal and corrupt marketing practices, bribing physicians and suppressing adverse trial results."

Between 2002 and 2010 alone, Pfizer and its subsidiaries were fined \$3 billion in criminal convictions, civil penalties and jury awards. They are recurrent criminal felons. None of these convictions has deterred their nefarious behavior.

In 2011, Pfizer agreed to pay another \$14.5 million to settle [federal charges of illegal marketing](#), and in 2014 they settled federal charges relating to improper marketing of the kidney transplant [drug Rapamune](#) to the tune of \$35 million, as well as \$75 million to settle charges relating to its testing of a new broad-spectrum antibiotic on critically ill Nigerian children.

As reported by the Independent at the time, Pfizer sent a team of doctors into Nigeria during a meningitis epidemic.

For two weeks, the team set up right next to a medical station run by Doctors Without Borders and [began dispensing the experimental drug](#), Trovan. Of the 200 children picked, half got the experimental drug and the other half got the already licensed antibiotic Rocephin.

Eleven of the children treated by the Pfizer team died, and many others suffered side effects such as brain damage and organ failure. Pfizer denied wrongdoing. According to the company, only five of the children given Trovan died, compared to six who received Rocephin, so their drug was not to blame.

The problem was they never told the parents that their children were being given an experimental drug. What's more, while Pfizer produced a permission letter from a Nigerian ethics committee, the letter turned out to have been backdated.

The ethics committee itself wasn't set up until a year after the trial had already taken place. [Pfizer's rap sheet](#) also includes bribery, environmental violations, labor and worker safety violations and more.

Wolves in sheep's clothing

Now, despite Pfizer being one of the least ethical drug companies, we're told to trust them with our very lives, and the lives of our precious children.

They're going to put out booster shots this fall that have undergone no testing whatsoever, and we're to simply throw caution to the wind because Pfizer — which has no liability whatsoever — says so.

In 2014, Pfizer faced a surge of lawsuits that accused it of hiding known side effects of its [ant cholesterol drug Lipitor](#). They got off scot-free that time, as a federal judge dismissed [thousands of cases](#) alleging the [drug caused Type 2 diabetes](#). But at least they had liability and could be sued.

When it comes to the COVID jabs, injured patients and family members of those killed by it won't even have the ability to sue for damages, as governments

around the world have indemnified them completely, and it looks as though they might not even be liable even if they're found guilty of fraud.

But we will have to see what the courts rule on that one. Still, that any nation would agree to a contract like that is just mindboggling.

Meanwhile, mounting evidence shows the [COVID shots destroy immune function](#) over time, and [Pfizer's own trial data](#) reveal deaths and serious adverse events numbering in the tens of thousands.

It's hard to tell who's more deserving of punishment — Pfizer or the equally captured federal agencies, the FDA and the CDC, that go along with them and do nothing to protect the lives of the youngest members of our society.

Clearly, it's up to us to protect ourselves and our loved ones, because wolves in sheep's clothing are ruling the roost — they're making all the decisions, and captured agencies are simply doing their bidding.

**Blinded by Science! (Science news update: 21 July 2022)
CDC and FDA claim that the effects of the COVID mRNA vax on reproductive health are rare. They lied.**

Robert W Malone MD, MS

The effect of BNT162b2 SARS-CoV-2 mRNA vaccine on menstrual cycle symptoms in healthy women.

Int J Gynaecol Obstet, 2022 Jul 20. doi: 10.1002/ijgo.14356. Online ahead of print.

[The Full Article PDF here](#)

Abstract

Objective: To investigate the impact of the SARS-CoV-2 mRNA BNT162b2 vaccine on women's menstrual cycle.

Methods: In this questionnaire-based cross-sectional study, we assessed menstrual pattern and changes of women who completed the SARS-CoV-2 mRNA BNT162b2 vaccine three months before and after receiving the vaccine. Included were women aged 18-50 without known gynecological comorbidities who regularly monitor their menstruation through electronic calendars. All participants completed a detailed questionnaire on their menstrual symptoms including information on any irregular bleeding. To minimize bias, each woman served as a self-control before and after vaccination. Primary outcome was rate of irregular bleeding following vaccination and secondary outcome was presence of any menstrual change, including irregular bleeding, mood changes or dysmenorrhea following the vaccine.

Results: A total of 219 women met the inclusion criteria. Of them, 23.3% (n=51) experienced irregular bleeding following the vaccine. Almost 40% (n=83) of study

participants reported any menstrual change following vaccination. Parity was positively associated with irregular bleeding with 50% (n=26) of those suffering from irregular bleeding being multiparous as compared to only 31.5% (n=53) of women with no irregular bleeding (nulliparous 46% vs 60%, multiparous 50% vs 31%, rest 4% vs 8%, $p=0.049$). The presence of medical comorbidities was also significantly higher among patients who experienced irregular bleeding (20.0% vs 6.0%, $p=0.003$).

Conclusion: Our study shows relatively high rates of irregular bleeding and menstrual changes after receiving the SARS-CoV-2 mRNA BNT162b2 vaccine. Further research is needed to confirm our findings and to better characterize the magnitude of change and any possible long term implications.

Results from the Full Article:

All participants completed the two-dose series of the BNT161b2 mRNA vaccine with a mean interval of 22.1 ± 5.1 days between doses. Distribution of baseline menstrual characteristics is shown in Table 2.

The average menstrual cycle length before the vaccine was 29.4 ± 7.6 days with duration of menses of 5.0 ± 1.3 days.

Of the 219 women who participated in the study, 23.3 % (n=51) experienced irregular bleeding following the vaccine. Of them, 39.2% (n=20) and 60.8% (n=31) reported irregular bleeding after the first and second dose of the SARS-CoV-2 BNT162b2 mRNA vaccine, respectively.

Of the 51 women who experienced irregular bleeding, 66.7% (n=34) reported irregular bleeding that preceded their estimated menstrual date (mean 9.9 ± 3.0 days) and 33.3% (n=17) reported a delay in their expected menstrual date (mean 12.3 ± 6.3 days). Irregular bleeding was reported as light in its severity in 47% (n=24), moderate in 21.6% (n=11) and heavy in 31.4% (n=16). Among those who reported irregular bleeding, 31.4 % (n=16) reported persisted irregular bleeding during the three-month period following vaccination, whereas 68.6% (n=35) reported a transient change which did not continue throughout the study period. Thirty-seven percent (n=83) of study participants reported any menstrual change (including irregular bleeding, mood changes or dysmenorrhea) following vaccination.

Nearly 68% (n=55) of study participants reported dysmenorrhea following vaccination. Amongst them, 47.3% (n=26) reported new-onset dysmenorrhea or increase in the severity of pre-existing dysmenorrhea.

Other menstrual symptoms were reported by 55.5% (n=45) of study participants after receiving the vaccine, including: abdominal pain (n=24); pelvic pain (n=11); appearance of new acne (n=11); breast tenderness (n=4); hot flushes (n=1).

Mood changes associated with menstruation after the vaccine (that were not reported before the vaccine) were reported by 9.6% (n=21) of women.

Covid-19 vaccination BNT162b2 temporarily impairs semen concentration and total motile count among semen donors

Andrology, 17 June 2022

In a retrospective, longitudinal, multicenter study published in *Andrology*, the effects of the COVID-19 BNT162b2 vaccine on semen parameters were assessed in 37 semen donors at different time points before and after vaccination. A selective decrease in sperm concentration and total motile count was reported 75–125 days after vaccination ($P = 0.01$ and $P = 0.007$, respectively) compared with pre-vaccination levels. Normal levels of these parameters were recovered ≥ 145 days post-vaccination.

(My note: This issue is critical, as sperm counts in “[western “countries have decreased 52% from 1973 to 2011](#)”).

Who is Robert Malone is a reader-supported publication. To receive new posts and support my work, consider becoming a free or paid subscriber.

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Menstrual cycle disturbances after COVID-19 vaccination

Women’s Health (Lond) 2022 Jan DOI: [10.1177/17455057221109375](#)

Abstract

Introduction: After COVID-19 vaccination, women of reproductive age reported changes in their menstrual cycle.

Materials and methods: A retrospective study was carried out after a survey on social networks that included women aged 18-41 years with normal cycles according to International Federation of Gynecology and Obstetrics and who were vaccinated (complete schedule for two doses, except J&J/Janssen or incomplete with a single dose). Women with following conditions were excluded: pregnant or lactating women; history of diseases that cause menstrual irregularities or early menopause: anorexia, bulimia, polycystic ovary syndrome, hypothyroidism, obesity, or low weight; hysterectomized or oophorectomized patients; and high performance athletes.

Results: Overall, 950 women completed the survey between July and September 2021. In total, 408 women met the inclusion criteria, and 184 reported the following characteristics: frequency (normal 43.47%, infrequent 25%, and frequent 31.53%), regularity (regular 51.08%, irregular 42.93%, and absent/amenorrhea 5.97%), duration (normal 65.21%, prolonged 26.08%, absent/amenorrhea 8.69%), and volume (heavy 41.84%, light 20.65%, and absent/amenorrhea 6.52%).

Conclusions: SARS-CoV-2 infection and COVID-19 vaccination can influence the menstrual cycle and cause alterations.

Bad news for Paxlovid? Coronavirus can find multiple ways to evade COVID-19 drug

Lab studies identify resistance mutations in SARS-CoV-2's protease, and some circulating variants have them

29 JUNE 2022

A bevy of new lab studies shows the coronavirus can mutate in ways that make it less susceptible to the drug, by far the most widely used of the two oral antiviral drugs authorized to treat COVID-19 in the United States. Researchers have found some of those mutations in variants already circulating in infected people, raising fresh concerns that physicians could soon lose one of their best therapies for fighting COVID-19.

Taken together, the studies show that “when you put pressure on the virus it escapes,” says David Ho, a virologist at Columbia University who was among the first to document drug resistance mutations in HIV some 3 decades ago. Ho was not involved with the new studies but is conducting similar work on SARS-CoV-2. Although the newly identified mutations have yet to become widespread, Ho and many other scientists think it’s only a matter of time. “Given the amount of infections out there, it’s going to come,” Ho says.

The resistance studies come on the heels of other recent concerns about Paxlovid, which in the United States remains restricted to use in people with risk factors making them more likely to develop severe COVID-19. Confirming anecdotal reports widely reported by media, several studies have found a small percentage of infected people who receive the normal 5-day course initially feel better, only to have their symptoms rebound. And questions have grown about whether Paxlovid helps those who aren’t at high risk of serious disease—Pfizer earlier this month [halted a large trial of the drug](#) in standard risk COVID-19 patients because it was failing to show statistically significant protection against death or hospitalization.

Pfizer Reports Additional Data on PAXLOVID™ Supporting Upcoming New Drug Application Submission to U.S. FDA

Tuesday, June 14, 2022 - 04:30pm

- *In the EPIC-SR study of PAXLOVID™ (nirmatrelvir [PF-07321332] tablets and ritonavir tablets), the novel primary endpoint of self-reported, sustained alleviation of all symptoms for four consecutive days was not met, as previously reported*
- *Data from standard-risk patients, both vaccinated and unvaccinated, while not all statistically significant, are supportive of efficacy data observed in EPIC-HR study and will be included in upcoming NDA submission to U.S. FDA for high-risk patients*

- *Pre-specified secondary endpoint resulted in a nominally significant 62% decrease in COVID-19-related medical visits per day across all patients, relative to placebo*
- *In a sub-group analysis, non-significant 57% reduction in hospitalizations and death observed in PAXLOVID-treated vaccinated patients with at least one risk factor for severe COVID-19*
- *Pfizer to cease enrollment into the EPIC-SR trial due to low rate of hospitalization or death in the standard-risk population; will continue to evaluate treatment in populations with high unmet need.*

ERGO: Paxlovid trial stopped for lack of efficacy in standard risk patients. For the POTUS, that means the use of Paxlovid is probably unwarranted.

The data was in: Nov 2020. The Cochrane Database Syst Rev - the gold standard of meta-analysis was and is clear.

None of this mask wearing was science based. What our public health service has done to us, our children is obscene. There needs to be accountability.

[Physical interventions to interrupt or reduce the spread of respiratory viruses](#)

Meta-Analysis: Cochrane Database Syst Rev

.020 Nov 20;11(11):CD006207. doi: 10.1002/14651858.CD006207.pub5.

Authors' conclusions: The high risk of bias in the trials, variation in outcome measurement, and relatively low compliance with the interventions during the studies hamper drawing firm conclusions and generalizing the findings to the current COVID-19 pandemic. There is uncertainty about the effects of face masks. The low-moderate certainty of the evidence means our confidence in the effect estimate is limited, and that the true effect may be different from the observed estimate of the effect. The pooled results of randomized trials did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks during seasonal influenza. There were no clear differences between the use of medical/surgical masks compared with N95/P2 respirators in healthcare workers when used in routine care to reduce respiratory viral infection. Hand hygiene is likely to modestly reduce the burden of respiratory illness. Harms associated with physical interventions were under-investigated. There is a need for large, well-designed RCTs addressing the effectiveness of many of these interventions in multiple settings and populations, especially in those most at risk of ARIs.

Here are conclusions regarding- Medical/surgical masks compared to no masks

We included nine trials (of which eight were cluster-RCTs) comparing medical/surgical masks versus no masks to prevent the spread of viral respiratory illness (two trials with healthcare workers and seven in the community). There is low certainty evidence from nine trials (3507 participants) that wearing a mask may make little or no difference to the outcome of influenza-

like illness (ILI) compared to not wearing a mask (risk ratio (RR) 0.99, 95% confidence interval (CI) 0.82 to 1.18. There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask (RR 0.91, 95% CI 0.66 to 1.26; 6 trials; 3005 participants). Harms were rarely measured and poorly reported. Two studies during COVID-19 plan to recruit a total of 72,000 people. One evaluates medical/surgical masks (N = 6000) (published *Annals of Internal Medicine*, 18 Nov 2020), and one evaluates cloth masks (N = 66,000).

The data and randomized clinical trials are extensive. Please read the full conclusions in the link to the PDF below. My literature review conducted today turned up no new studies that change the Cochrane meta-analysis conclusions.
[Full Text Article](#)

One can only conclude that we have a major problem with group think at the CDC. There are no real randomized clinical trials or data to support the use of surgical or cloth masks. How come the CDC did not know this in 2020? How come they do not know this now?

What have "we" done to our children?

You think this is over?

[Why is the Headstart STILL masking our toddlers and children?](#)

[Why is Los Angeles putting an indoor mask policy back in place?](#)

[Why does the CDC still want face masks worn in areas of COVID high incidence?](#)

The CDC lists 35% of the US population in a high incidence area.

Health experts are quitting the NIH & CDC in droves because they're embarrassed by 'bad science' - including vaccinating children under 5 to 'make their advice palatable to the White House,' drs claim

No, they are not embarrassed by the Crimes Against Humanity junk science, they are acutely cognizant that if they do not quit, then they may one day be liable for premeditated manslaughter, or worse.

From the [Daily Mail](#):

- The NIH and CDC are reportedly facing staffing shortages as low morale drives away employees
- Decisions like the closure of schools and then requiring face masks once they reopened led to many questioning leadership
- Lately, the authorization of COVID-19 vaccines for children four years old or younger has confused some in America's top medical agencies
- Bari Weiss' 'Common Sense' Substack reports that data from both Pfizer and Moderna's clinical trials for jabs in under-5s show limited effectiveness

PSYOP-19 is a depopulation and control program.

The DEATHVAX™ is a slow kill bioweapon.

The MK Ultra masking and lockdowns are slower kill components of this technocratic eugenics power grab en route to the 4th Industrial Posthuman Revolution.

CDC failed to balance the risks of COVID with other risks that come from closing schools,' an anonymous CDC scientist told Common Sense.

'Learning loss, mental health exacerbations were obvious early on and those worsened as the guidance insisted on keeping schools virtual. CDC guidance worsened racial equity for generations to come. It failed this generation of children.'

A mentally damaged, worn out and mass formation hypochondria-spellbound populace has a far greater propensity for uptake of the DEATHVAX™ slow kill bioweapon injection.

Of course, if the natural instinct to not trust the scientism and subject oneself to the injection were to express itself, then the virtue signal “protecting others” ploy has too been exceedingly effective at getting the experimental gene therapy subjects to participate in their very own ritualistic slow suicide.

But there is hope for the future:

[Marty Makary MD, MPH @MartyMakary](#)

[There's a reason why only 2% of children under 5 have received the Covid vaccine, after nearly a month of the CDC pushing it hard.](#)

[July 15th 2022](#)

And now the staff working at the captured FDA and CDC are not only quitting, but [speaking out](#):

“It's like a horror movie I'm being forced to watch and I can't close my eyes,” one senior FDA official lamented. “People are getting bad advice and we can't say anything.”

The CDC has experienced a similar exodus. *“There's been a large amount of turnover. Morale is low,” one high level official at the CDC told us. “Things have become so political, so what are we there for?” Another CDC scientist told us: “I used to be proud to tell people I work at the CDC. Now I'm embarrassed.”*

Culpable is more like it.

But what drives these cowards and criminals to hang around these One World Government and CIA-handled agencies where their decisions and “*rulings*”

directly result in all-cause mortality surges and seemingly innumerable adverse events you might ask?

An official at the FDA put it this way: *“I can’t tell you how many people at the FDA have told me, ‘I don’t like any of this, but I just need to make it to my retirement.’”* Aiding and abetting the democide, or collecting a pension?

Decisions, decisions...

Horror movie indeed. Do NOT comply.

Martial Law alert: Alex Jones exposes HR 4350 amendment that will give Joe Biden dictatorial powers

07/19/2022 / By Belle Carter

During the July 17 emergency transmission of “InfoWars,” Alex Jones exposed that amendment to HR 4350, or the National Defense Authorization Act (NDAA), will [let President Joe Biden become a dictator](#) who can launch land, sea and air operations against the American people.

Jones laid out the [“hands-down most powerful and horrible information”](#) his team has ever covered in 28 years. *“And if they are able to execute it, it is 1,000 times worse than anything we’ve ever covered. It is HR 4350, in which Biden [or] whoever else the president is will be the dictator,”* he said.



He noted that the Democrat leadership has the votes in the House and Senate. And when turned into law, HR 4350 will allow the president to [use the military for domestic operations](#), which Jones described as unbelievably illegal.

“It says the president will have the sole power over the military domestically and Congress will have no oversight. It also says in section 529A, this is absolutely the key, [countering extremism in the armed forces](#) – a purge of the military – of anybody that supports populism or America,” Jones commented while reading the bill’s amendment printout.

“The big takeaway is that there will be no congressional oversight of what the military does. Anything that violates our rights or basic freedoms or the 10th Amendment is null and void.”

The said legislation has been added to the new spending bill last week by Representative Adam B. Schiff, chairman of the House Permanent Select Committee on Intelligence. The amendment is set to be added to the act, which the House plans to take up this week. (Related: [No longer a conspiracy theory: Biden announces US involvement in realigning New World Order.](#))

“This [un-American amendment](#) will fundamentally and irreparably erode Congress’ constitutional oversight responsibility,” said New York Representative Elise Stefanik, a member of the Armed Services Committee and chairwoman of the House Republican Conference.

She added that House Democrats led by Schiff are attempting to cover up for the national security crises of the weakest commander-in-chief in U.S. history.

“Schiff got no attention until over the weekend. The Democratic Party controls the House and Senate to say no oversight over the U.S. military and domestic operations. But more importantly, only the president is in charge of the military. So that’s martial law, that is dictatorial powers right there,” Jones stated.

Jones: The New World Order has a Deeper Agenda

Jones reminded his audience of what happened 600 years ago with Henry IV, who orchestrated false flags in England so he could go to war with France. He also mentioned that what is happening now could be a repeat of Hitler’s acts in the Reichstag during World War II.

He said that this is domestically against the American people with the backdrop of the worldwide collapse, inflation and a doddering president.

The [Democrats will purge the military](#) and defund the cops, Jones said. They will have the mainstream media to back them up, as well as the courts, House, Senate and the presidency through fraud.

“And they’re not going to let us take the country back from them without staging massive false flags as the pretext for this to happen. And I believe the main false flag will be the assassination of Biden, which I’m totally against happening. And they’ve got Governor Gavin Newsom ready to come in,” he further exposed.

“Biden gets assassinated or he dies in his sleep. So a savior comes in, someone that will be given dictatorial power handed by Congress.”

Jones went on to say that this could be the **“end of America.”** And this is not just in the U.S. as governments worldwide are also collapsing and food is basically non-existent in many countries.

“I said three years ago when the United Nation came out and said there’s food shortages, and [I said] look out they’ve been running their operation. They’ve done that now,” he said.

Watch this emergency transmission of “InfoWars” as Alex Jones exposed the [House bill that will make Joe Biden a military dictator.](#)

This video is from the [InfoWars channel on Brighteon.com.](#)

More related stories:

[Alex Jones: New World Order’s main agenda is clearly DEPOPULATION.](#)

[A NEW “MEDICAL HITLER” – Biden declares himself medical DICTATOR, threatens to nullify states’ rights and coerce the entire population into taking deadly vaccine jabs against their will.](#)

[Joe Biden pledges allegiance to the New World Order in 1992 article.](#)

[Militarization of America’s health care infrastructure is rapidly accelerating in preparation for medical martial law.](#)

Scopolamine Found in Child Covid Vaccines

By Michael Baxter

July 21, 2022

The U.S. military has found the drug scopolamine in Covid-19 vaccines destined to reach the arms of children, sources in Gen. David H. Berger’s office told Real Raw News.

Scopolamine is known by several names, most notably hyoscine, burandanga, “Devil’s Breath,” and “the Zombie Drug.” Derived from nightshade plants, it gained notoriety in Columbia where the criminal element uses it to drug naïve, careless tourists. On the internet stories abound of bar-hopping tourists chatting up local ladies, passing out, and waking up 3 days later—only to find they were robbed, and their bank accounts drained. Some never regain consciousness.

The drug, soluble, odorless, and tasteless, is said to deprive a person of free-will—zombify them. So potent is the effect that scopolamine victims have aided their attackers before falling unconscious. They willingly surrender their wallets,

credit cards and pin codes, and have even helped assailants empty their apartments or hotel rooms of valuable items.

The drug's potency didn't escape the attention of American intelligence agencies: the CIA reportedly adds scopolamine to various "truth serum" formulations.

It's incomprehensibly frightening to believe pharmaceutical manufacturers would include this mixture in vaccines tailored for especially young children, but the military claims it's true.

After the FDA gifted Pfizer and Moderna permission to inject kids, and mass vaccination sites for children began springing up in liberal strongholds, the U.S. military started surreptitiously infiltrating these locations to collect vials for chemical analysis. But it wasn't looking for scopolamine. In May, Real Raw News reported that White Hats found and destroyed a Moderna warehouse; vaccine ampules obtained from the warehouse had pesticides.

"Big Pharma has hundreds of warehouses discretely hidden across the country. Finding them all was impossible. When we found pyrethroids in vials at the one spot, we knew it wasn't an isolated incident. They wanted to poison children. Now it's obvious the plot is deeper. I can't say how exactly we got the tainted vaccines—we found them in New York and California."

He said White Hats had confiscated a dozen Moderna vials at a mass child vaccination site in Massapequa, New York, and more from a similar spot in San Bernadino, California. The vials were shipped to White Hat allies at U.S. Army Medical Research. Fifty percent had appreciable amounts of scopolamine.

In San Bernadino, 25% of vaccines held significant quantities of the drug.

"This is horrible information," our source said. *"We really have no way of knowing how many kids have been injected with this shit."*

The White Hats, he said, fear that scopolamine, when given to young, impressionable, malleable kids, will either outright kill them or coerce them into obeying orders.

"We're not talking here of infants, right. But if a five-year-old is dosed and told by a pedophile to take off his or her clothes—you get the picture? It's possible thousands or tens or hundreds of thousands of kids may have been hit with this stuff. We don't yet know the scope," our source said.

I have just posted an article that unequivocally identified **5G** wireless energy EMF/EMR as the true cause of the Covid virus. It is by Mark Steele, a UK expert in **5G** weapons systems. Mark Steele's article more than confirms that Covid is an euphemism for 5G wireless energy radiation poisoning. Click on the title below:

[Fifth Generation \(5G\) Directed Energy Radiation Emissions In the Context of Contaminated Nanometal Covid-19 Vaccines with Graphite Ferrous Oxide Antennas](#)

World governments at Agenda 21 in 1992 at Rio di Janeiro, Brazil launched a silent war upon their own people, using quiet weapons, lies and propaganda. The mainstream media is enabling this deception and genocide. Our mission in this war is to bring you the truth.

Because I am not recognized as a trained scientist, I AM NOT CONSIDERED TO BE A CREDITABLE to prove my contention that Covid-19 was genetically engineered through the use of CRISPR-Cas9 "gene" engineering methods. I have done my homework and diligence on this premise. The growing data and various studies provide more than just a circumstantial evidence (if not causal) that the spike protein as a vector was manipulated in an infinite number of ways to confuse the medical and scientific community. With the VAERS reporting system showing almost 30,000 deaths to the vaxxes is ample evidence to validate my original premise that this is not about a hoaxed virus but is about Genocide by State sanction! Never in the history of the pharmaceutical industry has there been such ignoring the death numbers caused by the "gene" therapy. The swine flu vaccine was suspended after 27 deaths were reported in the initial phase of vaccinating the American public. This is premediated murder by the big pharma/health agencies/government!

It was Pfizer's CEO, Albert Borla who said that *"We cracked the Code of Life"*. He called his vaxx a *"Delivery System"* which in itself infers that it was delivering more than a vaccine. We know with total certainty that it is delivering a spike Protein that continues to replicate itself once injected into the human body. Dozens of articles shared in this series have confirmed human manipulation of what people were injected with is not therapeutic but toxic and potentially fatal! It is the

use of CRISPR-Cas9 “gene” editing that can be used for good but can also be used for evil nefarious applications!

Our Government wants you DEAD!
This includes the CDC, NIH, NIAID,
and the World Health Organization!!
The “Depopulation” agenda began
Shortly after the 1968 publication of
“The Population Bomb”

by Dr. Paul Ehrlich and his wife Anne.

“Depopulation has been the World’s #1 Issue since 1968!” It underlies every global issue since. Whether it is climate change or the Global Reset, “**depopulation**” is at the core of everything!! It’s all about Sustainable Development!

Anyone who is a skeptic of my statement should Google search the term “Georgia Guidestones” and read their goal engraved in granite stone back in 1980. The stone structure calls for the eradication of 93% of the world’s population. This is both an unsigned confession as well as a “Projection” of what they planned to do in their global genocidal plan.

At 4:00 AM, Wednesday, July 6th, 2022, unknown parties blew up the Georgia Guidestones. The following day an excavator was brought in to demolish the standing portion. Investigative journalist Jim Stone stated surveillance video tape taken from two different directions showed no one approaching the monument before the detonation, and suggested that it may have been an inside job.



Blessings,

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<http://jesusisthewaythetruththelife.com/node/22>